

# LANDLORD/HOME OWNER GAS SAFETY RECORD

This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has not been carried out.

GAS INSTALLER: (Trading Title) C. ROBERTSON

Name: C. ROBERTSON Gas Safe Register No: 157604

Address: 19. LEIGHTON CROFT Gas Installer Ref. No: A.P.

Post code: YO30 5ZG Date of Issue: 7/8/24

Tel: 07710448500 Engineers Name: (print) C. ROBERTSON

## TENANT/HOME OWNER DETAILS

Tenant/Home Owner\* Name: \_\_\_\_\_

Property Address: 14. MACROSE CROSE

Post Code: \_\_\_\_\_

Tel: TANG HARC. YORK

Tenant/Home Owner\* present during inspection  YES  NO

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: HAARON BENNETTS CENTRE

Address: 58. GUYBATE YORK

Post Code: \_\_\_\_\_

Tel: 611611

Landlord/Agent\* present during inspection  YES  NO

## APPLIANCE DETAILS

LOCATION	MAKE	MODEL	TYPE	Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation Yes/No	Ventilation Adequate Yes/No	CO Alarm fitted Yes/No	CO Alarm tested (if fitted) Yes/No	Flue Flow Test Yes/No	Spillage Test Yes/No	Termination Satisfactory Yes/No	Visual Condition Yes/No	Combustion Performance Reading CO2 CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	VIAI IDEA	LOVICT 30	MC	RS 18.6	18.6	18.6	YES	YES	YES	YES	YES	YES	YES	YES	2:00/17:00	YES	YES	YES	
2																			
3																			
4																			
5																			

## INSPECTION DETAILS

Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation Yes/No	Ventilation Adequate Yes/No	CO Alarm fitted Yes/No	CO Alarm tested (if fitted) Yes/No	Flue Flow Test Yes/No	Spillage Test Yes/No	Termination Satisfactory Yes/No	Visual Condition Yes/No	Combustion Performance Reading CO2 CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
RS 18.6	18.6	18.6	YES	YES	YES	YES	YES	YES	YES	YES	2:00/17:00	YES	YES	YES

## FLUE TEST

Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation Yes/No	Ventilation Adequate Yes/No	CO Alarm fitted Yes/No	CO Alarm tested (if fitted) Yes/No	Flue Flow Test Yes/No	Spillage Test Yes/No	Termination Satisfactory Yes/No	Visual Condition Yes/No	Combustion Performance Reading CO2 CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
RS 18.6	18.6	18.6	YES	YES	YES	YES	YES	YES	YES	YES	2:00/17:00	YES	YES	YES

## RESULTS

DETAILS OF ANY FAULTS	REMEDIAL ACTION TAKEN	DETAILS OF WORK CARRIED OUT	LABEL & WARNING NOTICE ISSUED
1 No CO Alarm in Boiler Room.	CO Alarm fitted	FITTED NEW CO ALARM	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
2			YES <input type="checkbox"/> NO <input type="checkbox"/>
3			YES <input type="checkbox"/> NO <input type="checkbox"/>
4			YES <input type="checkbox"/> NO <input type="checkbox"/>
5			YES <input type="checkbox"/> NO <input type="checkbox"/>

Outcome of gas installation pipework visual inspection?  Pass / Fail / NA

Outcome of gas supply pipework visual inspection?  Pass / Fail / NA

Is the Emergency Control Valve access satisfactory?  Pass / Fail / NA

Outcome of gas tightness test?  Pass / Fail / NA

Is the Protective Equipotential bonding satisfactory?  Pass / Fail / NA

This Safety Record is issued by Gas Installer: (SIGNED) \_\_\_\_\_

Received on behalf of Landlord / Home Owner: (SIGNED) \_\_\_\_\_

Tenant/Landlord/Agent/Home Owner\* \_\_\_\_\_

Number of appliances tested: 10/18/25

Date: 10/18/25 NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS