

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: 1576064
 Address: 19. LITTLETON CRESCENT Gas Installer Ref. No: A.B.
RAWKENFHE. YORK Date of Issue: 7/8/24
 Post code: _____ Time of Issue: _____
 Tel: _____ Engineers Name: (print) C. ROBERTSON

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____
 Property Address: 55. FOURTH AVENUE
TANG HALL. YORK
 Post Code _____ Tel: _____
 Tenant/Home Owner* present during inspection YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ADAM BENNETT LETTING
 Address: 58. GUYBARK
 Post Code _____ Tel: 611611
 Landlord/Agent* present during inspection YES/NO

APPLIANCE DETAILS

LOCATION	MAKE	MODEL	TYPE	Flue Type e.g. QF 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 CO ₂ CO ₂ Ratio / CO ₂ CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	<u>WILSON</u>	<u>4000</u>	<u>HE</u>	<u>CO20</u>	<u>14.5</u>	<u>12.5</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>2.9/2.2</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>
2																		
3																		
4																		
5																		

INSPECTION DETAILS

Flue Type e.g. QF 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 CO ₂ CO ₂ Ratio / CO ₂ CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
<u>CO20</u>	<u>14.5</u>	<u>12.5</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>2.9/2.2</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>

FLUE TEST

Flue Type e.g. QF 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 CO ₂ CO ₂ Ratio / CO ₂ CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
<u>CO20</u>	<u>14.5</u>	<u>12.5</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>2.9/2.2</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>

RESULTS

Flue Type e.g. QF 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 CO ₂ CO ₂ Ratio / CO ₂ CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
<u>CO20</u>	<u>14.5</u>	<u>12.5</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>2.9/2.2</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>

DETAILS OF ANY FAULTS

1	<u>NO CO ALARM WHENE BOKED IS</u>	
2		
3		
4		
5		

REMEDIAL ACTION TAKEN

1	<u>FITTED NEW CO ALARM</u>
2	
3	
4	
5	

DETAILS OF WORK CARRIED OUT

1	<u>FITTED NEW CO ALARM</u>		
2			
3			
4			
5			

LABEL & WARNING NOTICE ISSUED

YES	<u>NO</u>
YES	NO
YES	NO
YES	NO
YES	No

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: ONE

Date: 7/8/24

NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS