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) COLIN. ROBERTSON			
Name:	C. ROBERTSON	Gas Safe Register No:	157664
Address:	19. LEIGHTON CROFT	Gas Installer Ref. No :	A.B.
	RAWCLIFFE. YORK	Date of Issue:	7/8/24
Post code:	Y030 5Z9	Time of Issue:	
Tel:	07710448500	Engineers Name: (print)	C. ROBERTSON

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:

Property Address: 30. WOLSLEY STREET 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. GILLYGATE YORK

Post Code Tel: 611611

Landlord/Agent* present during inspection YES/NO

	APPLIANCE DETAILS					INSPECTION DETAILS						FLUE TEST					RESULTS		
	LOCATION	MAKE	MODEL	TYPE HE	Flue Type e.g. CF or RS	Operating Pressure Mbar INLET	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: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	UTILITY	VOKERA	EXCEL 25	BOILER	R.S	19	/	YES	N/A	YES	YES	N/A	N/A	YES	YES	0.0008 8.1 16.89	YES	YES	YES
2	KITCHEN	LAMONA	4 BURNER	HOB	F.L	19	/	YES	YES	N/A	N/A	N/A	N/A	N/A	YES	N/A	YES	YES	YES
3																			
4																			
5																			

	DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN	DETAILS OF WORK CARRIED OUT	LABEL & WARNING NOTICE ISSUED	
1		1			YES	NO
2		2			YES	NO
3		3			YES	NO
4		4			YES	NO
5		5			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? 0.5ml 2min Pass / Fail / NA

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

This Safety Record is issued by Gas Installer: (SIGNED) [signature]

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

Tenant/Landlord/Agent/Home Owner*

Number of appliances tested: TWO

Date: 10/8/25 **NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS**

To re-order quote code 663010-NUM