

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) **COUN. ROBERTSON**
 Name: **C. ROBERTSON** Gas Safe Register No: **157664**
 Address: **19. LENTITION CLIFF** Gas Installer Ref. No: **A.R.**
RAWKIFFE, YORK Date of Issue: **8/8/24**
 Post code: **YO30 5ZG** Time of Issue:
 Tel: **07710448500** Engineers Name: (print) **C. ROBERTSON**

TENANT/HOME OWNER DETAILS

Tenant/Home Owner Name:
 Property Address: **FLAT 6 NOVA HOUSE**
CLIFTON ROAD, YORK
 Post Code:
 Tenant/Home Owner* present during inspection **YES/NO**



LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: **ADAM BURNETT LETTING**
 Address: **58. GILYGATE YORK**
 Post Code:
 Landlord/Agent* present during inspection **YES/NO**

APPLIANCE DETAILS			INSPECTION DETAILS				FLUE TEST				RESULTS						
LOCATION	MAKE	MODEL	TYPE	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 LIVING ROOM	JAGA	LOGIC	HE COMBI	19.8	19.8	YES	NA	YES	YES	NA	NA	YES	YES	9.9907	YES	YES	NO
2																	
3																	
4																	
5																	

DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1	2	3	4	5	1	2	3

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: **22/8/25**
NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS