

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: 157604

Address: 19. LEITCHTON CROFT Gas Installer Ref. No.: A.B.

Lawrence, 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: 51. Russell Street York

Post Code YO23 1NA Tel:

Tenant/Home Owner* present during inspection YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: Adam Bennett Letting

Address: 58. GUYGATE York

Post Code Tel: 011611 YES/NO

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 CO: <u>56</u> CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	KITCHEN FINEAL	MAF 32	HE COMB	CF	20	—	YES	N/A	YES	YES	N/A	N/A	YES	YES	0.00070	YES	YES	YES	
2	KITCHEN BOSCH	4 Burner	HOB	F.L	20	—	YES	N/A	YES	YES	N/A	N/A	YES	YES	2.5/1.0	YES	YES	YES	
3																			
4																			
5																			

INSPECTION DETAILS

FLUE TEST

RESULTS

DETAILS OF ANY FAULTS

1	
2	
3	
4	
5	

REMEDIAL ACTION TAKEN

DETAILS OF WORK CARRIED OUT

LABEL & WARNING NOTICE ISSUED

YES	NO
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: 2

Date: 23/8/25

NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS