

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: 157604

Address: 19. LEIGHTON CREFT Gas Installer Ref. No: P.B.

Post code: RAWCLIFFE, YORK Date of Issue: 8/8/24

Tel: 030 529 Time of Issue: C. ROBERTSON

0771044800 Engineers Name: (print)

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: 4. MILTON STREET YORK

Post Code _____ Tel: _____

Tenant/Home Owner* present during inspection YES NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ADAM ROBERTSON CERTIFIC

Address: 58. GILBERT 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 CO ₂ CO ₂ Ratio / CO ₂ CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1 BAKED	GLOW WARM	W1000	HE	RS	18.9	—	YES	N/A	YES	YES	N/A	N/A	YES	YES	9.0008	YES	YES	YES	
2 KITCHEN	CATA	4 Burner	MBR	F.L	19	—	YES	YES	YES	YES	N/A	N/A	N/A	YES	N/A	YES	YES	YES	
3 KITCHEN	NEW WARM	L/L	OVER	F.L	19	—	YES	YES	YES	YES	N/A	N/A	N/A	YES	N/A	YES	YES	YES	
4																			
5																			

INSPECTION DETAILS

INSPECTION DETAILS										FLUE TEST				RESULTS			

DETAILS OF ANY FAULTS

1	
2	
3	
4	
5	

REMEDIAL ACTION TAKEN

REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1				YES	NO
2				YES	NO
3				YES	NO
4				YES	NO
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? 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: THREE

Date: 23/8/25

NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS