LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 3908

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and che for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried ou

REGISTERED BUSINESS DETAILS

Reg No: 2818 197998
Company: Heat in. Ltd.
Address:
York
Postcode: YO24 3AA
Tel: 07731814697

INSPECTION/INSTALLATION ADDRESS

Name & Title:
Address: 56 Farndale Street
York
YO24
Postcode: Tel:

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)

Name & Title:
Address: Brad
Postcode: Tel:

Number of appliances tested: 1

APPLIANCE DETAILS / FLUE TESTS / INSPECTION DETAILS

	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Ap Saf Y
1	Upst Bathroom	Ideal Logic	Comb	RS	25.9	Yes	Pass	n/a	0005	0005	Yes	Pass	Yes	Yes	Yes	Yes	No	Yes
2																		
3																		
4																		
5																		

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes ✓ No ___ Emergency Control Accessible: Yes ___ No ___ Satisfactory Gas Tightness Test: Yes ___ No ✓ Equipotential Bonding Satisfactory: Yes ___ N

GIVE DETAILS OF ANY FAULTS / RECTIFICATION WORK CARRIED OUT

	GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT	WARNING NOTICE ISSUED * Yes/No/NA	WARNI LABE Yes
1				
2				
3				
4				
5				

Approved Audible CO Alarms Fitted & Located Correctly**: Yes ✓ No ___ N/A ___ Are CO Alarms in Date: Yes ✓ No ___ N/A ___ Testing of CO Alarms Satisfactory: Yes ✓ No ___ N/A ___ Smoke/Heat Alarms Located & Fitted correctly**: Yes ___ No ___ N

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:

11/8/[illegible]

ISSUED BY (GAS ENGINEER)

Print Name: [illegible]
Licence No: 197998
Signed: [illegible]
Issue Date: 12-8-24

RECEIVED BY

Received By: ___ (Delete as applicable) Tenant/Agent/Landlord/Home Owner
Signed: ___ Print Name: ___
No one prese at time of visi

Copies: White - Landlord/Agent/Home Owner Green - Engineer Pink - Tenant (if rented)

BF452404

★ IF YES, PLEASE REFER TO SEPARATE WARNING NOTICE - DANGER DO NOT USE REPORT PAD

Form Ref