



LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 3142158

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been 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.

REGISTERED BUSINESS DETAILS

Reg No: 157604
 Company: COIN, ROBERTSON
 Address: 19, LEVINGTON COURT, RAWDENHE, YORK
 Postcode: YO30 5ZG
 Tel: 07710448500

INSPECTION/INSTALLATION ADDRESS

Name & Title:
 Address: 7, FARHAM STREET, YORK
 Postcode:
 Tel:

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

Name & Title: ARAM BENNETT
 Address: 58, GILLYBARK, YORK
 Postcode:
 Tel: 611611
 Number of appliances tested: ONE

APPLIANCE 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 flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
1 KITCHEN	VACUUMI 305	HE	RS	18.7	YES	PASS	PASS	8.7	8.7
2-									
3									
4									
5									

FLUE TESTS

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	Appliance Safe to Use Yes/No
YES	PASS	YES	YES	YES	YES	YES	YES

INSPECTION DETAILS

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	Appliance Safe to Use Yes/No
YES	PASS	YES	YES	YES	YES	YES	YES

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

Smoke/Heat Alarms Located & Fitted correctly*: Yes No N/A

Testing of CO Alarms Satisfactory: Yes No N/A

Approved Audible CO Alarms Fitted & Located Correctly*: Yes No N/A

WARNING NOTICE ISSUED Yes/No/NA: Yes No N/A

WARNING TAG or LABEL FIXED Yes/No/NA: Yes No N/A

GIVE DETAILS OF ANY FAULTS

No	Details of Faults	Rectification Work Carried Out
1		
2		
3		
4		
5		

OTHER COMMENTS OR OBSERVATIONS

1. No other faults observed.
 2. No other faults observed.
 3. No other faults observed.
 4. No other faults observed.
 5. No other faults observed.

NEXT GAS SAFETY CHECK DUE BEFORE:

28/8/25

ISSUED BY (GAS ENGINEER)

Print Name: ROBERTSON Signed: ROBERTSON
 Licence No: 257004 Issue Date: 20/8/24

RECEIVED BY

(Delete as applicable)
 Received By: Tenant/Agent/Landlord/Home Owner
 Signed: No one present at time of visit