

# 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) **C. Robertson**

Name: **C. Robertson** Gas Safe Register No: **157664**

Address: **19, VICTORIA COURT** Gas Installer Ref. No: **A.A.**

Post code: **YO30 5ZG** Date of Issue: **20/8/24**

Tel: **07910448500** Engineers Name: (print) **C. ROBERTSON**

## TENANT/HOME OWNER DETAILS

Tenant/Home Owner\* Name: \_\_\_\_\_

Property Address: **38 KANBURN DRIVE**

Post Code: \_\_\_\_\_

Tenant/Home Owner\* present during inspection **YES/NO**

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: **FLORIAN BEAUMONT LETTING**

Address: **58, GUYLARK YORK**

Post Code: \_\_\_\_\_

Landlord/Agent\* present during inspection **YES/NO**

| APPLIANCE DETAILS |        |           | INSPECTION DETAILS |                            |                            |                  |  | FLUE TEST                         |                              |   | RESULTS                     |                         |                                       |                               |  |                                    |                                   |                     |  |
|-------------------|--------|-----------|--------------------|----------------------------|----------------------------|------------------|--|-----------------------------------|------------------------------|---|-----------------------------|-------------------------|---------------------------------------|-------------------------------|--|------------------------------------|-----------------------------------|---------------------|--|
| LOCATION          | MAKE   | MODEL     | TYPE               | Flue Type<br>e.g. CF or RS | Operating Pressure<br>Mbar | Heat Input<br>Kw | Safety Device<br>Correct Operation<br>Yes/No | Ventilation<br>Adequate<br>Yes/No | CO Alarm<br>fitted<br>Yes/No | CO Alarm<br>tested<br>(if fitted)<br>Yes/No | Flue Flow<br>Test<br>Yes/No | Spillage Test<br>Yes/No | Termination<br>Satisfactory<br>Yes/No | Visual<br>Condition<br>Yes/No | Combustion<br>Performance Reading<br>CO: /<br>CO2 Ratio / CO2 CO | Appliance<br>Safe To Use<br>Yes/No | Landlord's<br>Appliance<br>Yes/No | Inspected<br>Yes/No |  |
| 1                 | Boiler | Worcester | HE                 | RS                         | 20                         | 20               | Yes/No                                       | Yes/No                            | Yes/No                       | Yes/No                                      | Yes/No                      | Yes/No                  | Yes/No                                | 0.3/1                         | Yes/No   | Yes/No                             | Yes/No                            | Yes/No              |  |
| 2                 |        |           |                    |                            |                            |                  |  |                                   |                              |   |                             |                         |                                       |                               |  |                                    |                                   |                     |  |
| 3                 |        |           |                    |                            |                            |                  |  |                                   |                              |   |                             |                         |                                       |                               |  |                                    |                                   |                     |  |
| 4                 |        |           |                    |                            |                            |                  |  |                                   |                              |   |                             |                         |                                       |                               |  |                                    |                                   |                     |  |
| 5                 |        |           |                    |                            |                            |                  |  |                                   |                              |   |                             |                         |                                       |                               |  |                                    |                                   |                     |  |

| DETAILS OF ANY FAULTS |  | 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: **20**

Date: **20/8/25**

**NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS**