

# LANDLORD/HOME OWNER GAS SAFETY RECORD

GAS INSTALLER: (Trading Title) Colin Robertson

Name: 19 Leighton Court Gas Safe Register No: 157684

Address: RAWWORTH Gas Installer Ref. No: F.A.S.

Post code: YO30 5Z9 Date of Issue: 20/8/24

Tel: 07710448500 Time of Issue: C. ROBERTSON

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.

### TENANT/HOME OWNER DETAILS

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

Property Address: 19 Broadway West

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

Tel: \_\_\_\_\_

Tenant/Home Owner\* present during inspection  YES  NO

### LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: Harriet Bennett-Letting

Address: 58 Gresham Street York

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

Tel: 011611

Landlord/Agent\* present during inspection  YES  NO

APPLIANCE DETAILS			INSPECTION DETAILS					FLUE TEST			RESULTS							
LOCATION	MAKE	MODEL	TYPE	Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation	Ventilation Adequate	CO Alarm fitted	CO Alarm (if fitted)	Flue Flow Test	Spillage Test	Termination Satisfactory	Visual Condition	Combustion Performance	Appliance Safe To Use	Landlord's Appliance	Inspected Yes/No
1	KITCHEN	AGORA 4061C	HE COMBI	R.S 19	19	19	YES	YES	YES	YES	YES	YES	YES	CO: 29 CO2 Ratio / CO2 CO	YES	YES	YES	YES
2																		
3																		
4																		
5																		

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: ONE

Date: 20/8/24 NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS