

LANDLORD/HOME OWNER GAS SAFETY RECORD

GAS INSTALLER: (Trading Title) **C. ROBERTSON**
 Name: **C. ROBERTSON** Gas Safe Register No: **157604**
 Address: **19. WILKINSON CREK** Gas Installer Ref. No: **A.S.**
RAWCUFFE, YORK Date of Issue: **20/8/24**
 Post code: **YO20 5ZQ** Time of Issue:
 Tel: **07710448500** Engineers Name: (print) **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: **31. LILAC AVENUE YORK**
 Post Code
 Tenant/Home Owner* present during inspection YES NO
 Tel:
 Landlord/Agent* present during inspection YES NO
 Landlord/Agent* Name:
 Address: **58 GUYFURIE YORK**
 Post Code
 Tel: **011611**
 Landlord/Agent* present during inspection YES NO

LANDLORD/AGENT DETAILS (if applicable)

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 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: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	KITCHEN VALVE ANTIC	ECO	HE	CO200	20	1	YES	YES	YES	YES	YES	YES	YES	YES	8.09906 8.61576	YES	YES	YES
2																		
3																		
4																		
5																		

DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1	2	3	4	5	1	2	3

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: **0**
 Date: **20/8/25** NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS