



UK GAS SAFETY CERTIFICATE

No. **0458876**

The Gas Safety (Installation & Use) Regulations require that all gas appliances and related flues provided by landlords in rented accommodation are checked for safety every 12 months

OCCUPIERAddress **8. CARRION AVENUE**

Tel.

REPORT RECEIVED BY

Name (PRINT)

Signature

Date **21/8/24****TESTS CARRIED OUT BY SERVICE ENGINEER**Name (PRINT) **COLIN ROBERTSON**Company **C. ROBERTSON****19. LEIGHTON CROFT****YORK**Tel. **07710448500**Gas Safe Register No. **157664**Signature **[Signature]**Date **21/8/24**

Appliance Type

HE COMBO

Location e.g. Kitchen

KITCHEN

Make

VALIANT

Model

ECO MAT**Flue & Ventilation**

Type of Flue

R.S

Route/Termination

CSO-08**YES PASS**

Flue Flow

N/A

Ventilation (Size, Position)

N/A

Visual Check

PASS

Catchment Space

N/A**Operation**

Flame Picture

YES

Sooting/Overheating

N/A

Operating Pressure (mbar)

20 INLET

Heat Input (kW)

N/A

Flue Spillage Test

N/A

Safety Device Pass / Fail

PASSAdditional Checks
(if required)**N/A**Combustion Analyser
Reading**0.0004****8.6/5.83**

Safe for Use

Yes

☒

No

☐

Yes

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No

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Yes

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No

Yes

☐

No

☐

Serviced

Yes

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No

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Yes

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No

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Yes

☐

No

Yes

☐

No

☐**Installation Defects found, remedial action taken and comments****BOILER STARTING TO SHOW SIGNS OF AGE**

The above checks comply with the Gas Safety (Installation & Use) Regulations

Has a Defective Installation Notice been issued? Yes ☐ No ☒ Serial Number

LANDLORD (Retain original copy for 2 years)Name (PRINT) **ADAM BENNETT LETTING**Address **58. BILLINGHAM YARD**Tel. **01904 8141**

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**GAS TIGHTNESS (SOUNDNESS) TEST** (if required)mbar drop in **0.75** minsPass ☒Fail ☐**GAS PIPEWORK**

Correct materials?

Yes ☒No ☐

Correct sizing?

Yes ☒No ☐

CARBON MONOXIDE: IF YOU FEEL DROWSY, DEVELOP HEADACHES OR NAUSEA WHEN A GAS APPLIANCE IS RUNNING IT MAY BE CARBON MONOXIDE
POISONING. TURN THE APPLIANCE OFF IMMEDIATELY AND SEEK EXPERT HELP.