

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) **COLIN ROBERTSON**

Name: **C. ROBERTSON** Gas Safe Register No: **157604**

Address: **19. LEIGHTON CROFT** Gas Installer Ref. No: **6778**

Post code: **YO30 5ZG** Date of Issue: **9/1/24**

Tel: **07710448500** Engineers Name: (print) **C. ROBERTSON**

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: **BIA. GILLYBOATE** **YORK**

Post Code _____

Tenant/Home Owner* present during inspection YES NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: **ARMAN BARNETT LETTING**

Address: **58. GILLYBOATE** **YORK**

Post Code _____

Tel: **611611**

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 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 ₂ / CO ₂ Ratio / CO ₂ CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	IDEAL	VOQUE MAX 40	HE	RS	18.7	18.7	YES	NA	YES	YES	NA	NA	YES	YES	0.000	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	6	7	8

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: **26/1/25**

NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS