



UK GAS SAFETY CERTIFICATE

No. **0458879**

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

OCCUPIER Address <u>14 BRENTWOOD CREES</u> <u>TRADDERS HILL</u> <u>YORK</u> Tel.	TESTS CARRIED OUT BY SERVICE ENGINEER Name (PRINT) <u>COLIN ROBERTSON</u> Company <u>C. ROBERTSON</u> <u>19 LEIGHTON CROFT</u> <u>YORK</u> Tel. <u>07710448500</u>
REPORT RECEIVED BY Name (PRINT) Signature Date <u>5/19/24</u>	Gas Safe Register No. <u>157664</u> Signature <u>[Signature]</u> Date <u>5/19/24</u>

Appliance Type	<u>HE-COMBI</u>				
Location e.g. Kitchen	<u>BATHROOM</u>				
Make	<u>WORKESTER</u>				
Model	<u>42CD1</u>				
Flue & Ventilation					
Type of Flue	<u>R.S</u>				
Route/Termination	<u>CO² 0.00 PASS</u>				
Flue Flow	<u>N/A</u>				
Ventilation (Size, Position)	<u>N/A</u>				
Visual Check	<u>YES</u>				
Catchment Space	<u>N/A</u>				
Operation					
Flame Picture	<u>YES</u>				
Sooting/Overheating	<u>NO</u>				
Operating Pressure (mbar)	<u>19 INLET</u>				
Heat Input (kW)	<u>[Signature]</u>				
Flue Spillage Test	<u>N/A</u>				
Safety Device Pass / Fail	<u>PASS</u>				
Additional Checks (if required)					
Combustion Analyser Reading	<u>0.0003</u> <u>5000.0</u> <u>059/28</u>				
Safe for Use	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Serviced	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Installation Defects found, remedial action taken and comments

.....

.....

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) ROAM BENNETT LITTLE

Address 58 GILBY GATE

Tel. YORK

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)

0.2 mbar drop in 2 mins

Pass 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.