



UK GAS SAFETY CERTIFICATE

No. **0458878**

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>NEWSHAM HOUSE</u> <u>HOLBY</u> <u>7019 500</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>01710 448500</u>
REPORT RECEIVED BY Name (PRINT) _____ Signature _____ Date <u>3/9/24</u>	Gas Safe Register No. <u>157664</u> Signature _____ Date <u>3/9/24</u>

Appliance Type	<u>BOILER HE RANGE</u>				
Location e.g. Kitchen	<u>HALL</u>	<u>KITCHEN</u>			
Make	<u>INTRA</u>	<u>SCHLEISS</u>			
Model	<u>HEAT 30</u>	<u>JUSTICE</u>			
Flue & Ventilation					
Type of Flue	<u>R-S CO² 0.00</u>	<u>F-2</u>			
Route/Termination	<u>YES</u>	<u>N/A</u>			
Flue Flow	<u>N/A</u>	<u>N/A</u>			
Ventilation (Size, Position)	<u>N/A</u>	<u>YES</u>			
Visual Check	<u>YES</u>	<u>YES</u>			
Catchment Space	<u>N/A</u>	<u>N/A</u>			
Operation					
Flame Picture	<u>N/A</u>	<u>YES</u>			
Sooting/Overheating	<u>NO</u>	<u>NO</u>			
Operating Pressure (mbar)	<u>19 INLET</u>	<u>19</u>			
Heat Input (kW)	<u>/</u>	<u>/</u>			
Flue Spillage Test	<u>N/A</u>	<u>N/A</u>			
Safety Device Pass / Fail	<u>YES</u>	<u>YES</u>			
Additional Checks (if required)	<u>N/A</u>	<u>N/A</u>			
Combustion Analyser Reading	<u>0.0012</u> <u>CO PPM 95</u> <u>8.1/6.62</u>	<u>N/A</u>			
Safe for Use	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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"/>
Serviced	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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"/>

Installation Defects found, remedial action taken and comments
RANGE NO STABILISING HOOK + CHAIN

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) <u>ADAM BENNETT LETTING</u> Address <u>58 GILLGATE YORK</u> Tel. <u>611611</u>	Outcome of gas installation pipework visual inspection? <u>Pass / Fail / NA</u> Outcome of gas supply pipework visual inspection? <u>Pass / Fail / NA</u> Is the Emergency Control Valve access satisfactory? <u>Pass / Fail / NA</u> Outcome of gas tightness test? <u>Pass / Fail / NA</u> Is the Protective Equipotential bonding satisfactory? <u>Pass / Fail / NA</u>
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GAS TIGHTNESS (SOUNDNESS) TEST (if required) <u>0.44</u> mbar drop in <u>2</u> mins Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	GAS PIPEWORK Correct materials? Yes <input type="checkbox"/> No <input type="checkbox"/> Correct sizing? Yes <input type="checkbox"/> No <input type="checkbox"/>
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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.