



Domestic/Landlord Gas Safety Record

Safety inspection and reporting carried out in accordance with Gas Safety (Installation and Use) Regulations and the Gas Industry Unsafe Situations Procedure. Unless stated otherwise, no detailed internal inspection of flues (Integrity, Construction and Lining) has been carried out.

Certificate Reference

Steve 7 Balding Claremont

Certificate No: G.M.2925

Engineers Details

Trading Title G M Plumbing And Heating

Address 3 Norseway
Stamford Bridge
York

Post Code: YO41 1DR

Gas Safe No: 182126

Telephone No: 07970555916

Installation Details

Installation Address

10 Claremont Terrace
York

Post Code: YO317EJ

Client Details

Client Address

Steve Balding
76 Earswick Chase
York

Post Code: YO329FY

Telephone No: 07969275526

Appliance Details

Inspection Details

	Location	Appliance Type	Make	Model	Combustion LOW (CO2% or CO/CO2 ratio)	Combustion HIGH (CO2% or CO/CO2 ratio)	Heat Input (KW) or Operating Pressure (Mbar)	CO Reading (ppm)	Appliance Inspected (YES/NO/NA/IO) (IO = Visual Inspection Only)	FlueType (OF/RS/FL)	Landlords Appliance (YES/NO/NA)	Safety Device(s) Correct Operation (YES/NO/NA)	Ventilation Provision Satisfactory (YES/NO)	Visual Condition Of Flue and Termination Satisfactory (YES/NO/NA)	Flue Performance Test (PASS/FAIL/NA)	Appliance Serviced (YES/NO/NA)	Appliance Safe To Use (YES/NO)
1	Kitchen	Combi boiler	Vokera	Easi-Heat Plus	Na	0.0007	17 mb	65	YES	RS	YES	YES	YES	NA	NA	YES	YES
2																	
3																	
4																	
5																	

Faults/Notes

Remedial Work Taken

Warning Notice Fixed

1		
2		
3		
4		
5		

Emergency Control Valve Accessible:

YES

Gas Tightness Satisfactory:

YES

Gas Installation Pipework Visual Inspection Satisfactory:

YES

Number of Appliances Tested:

1

Equipotential Bonding:

YES

NEXT INSPECTION DUE ON OR BEFORE:

Wed-24-09-2025

Installation Pass:

YES

CO Alarm fitted & working?

YES

Smoke alarm fitted & working?

YES

Signatures

Report Issued By:

Name: G Murray

Signed:

Gas ID Number: 5675325

Date: Tue-24-09-2024

Report Received By:

Name:

Signed:

Date: Tue-24-09-2024