

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) D BLISSETT & SON LTD		
Name:	JAMES BLISSETT	Gas Safe Register No: 162 777
Address:	1A MILBRA AVENUE MAXBY, YORK	Gas Installer Ref. No: N/A
Post code:	YO32 3HF	Date of Issue: 6/8/24
Tel:	07718782840	Time of Issue: N/A
		Engineers Name: (print) JAMES BUSSETT

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:	MULTIPLE OCCUPANCY		
Property Address:	18 BRENTWOOD CRESCENT YORK		
Post Code	YO10 5HU	Tel:	N/A
Tenant/Home Owner* present during inspection	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name:	MR DARRON NORTH		
Address:	24 THE AVENUE MAXBY, YORK		
Post Code	YO32 3EQ	Tel:	07530897413
Landlord/Agent* present during inspection	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

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 Pass/Fail	Flue Flow Test Pass/Fail	Spillage Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Performance Reading CO: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	GARAGE	VALWTEC	COMBI	RS	16.8	28.58	YES	N/A	YES	PASS	N/A	N/A	YES	PASS	0.0009 PPM 90 RATIO 9.6	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	LABEL & WARNING NOTICE ISSUED	
					Yes	NO

Outcome of gas installation pipework visual inspection?	<input checked="" type="radio"/> Pass / Fail / NA
Outcome of gas supply pipework visual inspection?	<input checked="" type="radio"/> Pass / Fail / NA
Is the Emergency Control Valve access satisfactory?	<input checked="" type="radio"/> Pass / Fail / NA
Outcome of gas tightness test?	<input checked="" type="radio"/> Pass / Fail / NA
Is the Protective Equipotential bonding satisfactory?	<input checked="" type="radio"/> Pass / Fail / NA

This Safety Record is issued by Gas Installer: (SIGNED)	<i>[Signature]</i>
Received on behalf of Landlord / Home Owner: (SIGNED)	<i>[Signature]</i>
Tenant/Landlord/Agent/Home Owner*	
Number of appliances tested:	ONE
Date:	6/8/24

ATTENTION
Next safety
check due by:

6/8/25

To re-order quote code 663010-NUM

Copies: White - Landlord/Agent/Home Owner

Green - Registered Gas Installer

Pink - Tenant

* delete as applicable

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**ARCTIC
HAYES**