

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:	J BLISSETT	Gas Safe Register No:	162777
Address:	1A MILBRA AVENUE	Gas Installer Ref. No:	N/A
	HAXBY, YORK	Date of Issue:	6/8/24
Post code:	YO32 3HF	Time of Issue:	N/A
Tel:	07718782840	Engineers Name: (print)	JAMES BLISSETT

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: **MULTIPLE OCCUPANCY**

Property Address: **NICHOLAS STREET**
YORK

Post Code **YO10 3EQ** Tel: **N/A**

Tenant/Home Owner* present during inspection **YES** **NO**

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: **MR DARRON NORTH**

Address: **24 THE AVENUE**
HAXBY, YORK

Post Code **YO32 3EQ** Tel: **07530897413**

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 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 KITCHEN	IDEAL	LOGIC 30	COMBI	RS	17.7	30.1	YES	N/A	YES	PASS	N/A	N/A	YES	PASS	0.0011	YES	YES	YES
2 KITCHEN	ZANUSSI	4 RING	HOB	OF	N/A	9.7	YES	YES	YES	PASS	N/A	N/A	YES	PASS	N/A	YES	YES	YES
3																		
4																		
5																		

DETAILS OF ANY FAULTS

REMEDIAL ACTION TAKEN

DETAILS OF WORK CARRIED OUT

LABEL & WARNING NOTICE ISSUED

1	2	3	4	5	Yes	NO

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: **TWO**

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

1944100

**ARCTIC
HAYES**