

GAS INSTALLATION / SAFETY RECORD

The work recorded on this form should be carried out by a competent, registered gas engineer/operative in accordance with the current Gas Safety (Installation & Use) Regulations, Building Regulations and any manufacturers instructions.

Serial No.

3423933

Customer/Tenant/Pitch or Location: (delete as applicable)

Name:

Address: 21 BAD BARGAIN LN
YORK

Postcode Y0310QX

Tel No.

Landlord / Letting Agent / Park: (delete as applicable)

Name:

Address: MR DEAMER
69 KEBLE PARK SOUTH
BISHOPTON
YORK

Postcode Y0232SU

Tel No.

Company details:

Name:

Address: GAS SERVICES
26 KEBLE PARK SOUTH
BISHOPTON
YORK

Postcode Y0232SU

Tel No.

07981633019

Gas Safe Registration No.

215691

NB. To Customer, Tenant, Landlord or Responsible Person.

It is important that the company details above and the Gas Safe registration number are filled in by the gas engineer/operative working on site.

Gas Safe may be contacted to check registration, ask the attending gas engineer/operative for the Gas Safe contact telephone number.

Type of Work done: (tick box)

Safety Check ☒

Installation ☐

Service ☐

Repairs ☐

Meter/Emergency Control Accessible? Yes ☒ No ☐

Gas Meter and Installation (visible) Pipework Satisfactory? Yes ☒ No ☐

Gas Installation Tightness Test Satisfactory? Yes ☒ No ☐

Fuel Type: (tick box)

Natural Gas ☒

L.P.G. ☐

Is the Installation Safe to Use: (Yes/No)

YES

Appliance Details:

Answer

1

2

3

4

5

6

LOCATION

KITCHEN

KITCHEN

OWNER

L-L

L-L

TYPE

Boiler

COOKER

MAKE

IDEAL

FRANKE

MODEL

Logic 30

GSD

FLUE TYPE

RS/OF/FL

RS

FL

FUEL TYPE

NG/LPG

NG

NG

INSPECTED/SERVED

I/S

I

I

VENTILATION SATISFACTORY

Y/N/NA

Y

Y

SAFETY CONTROL(S) WORKING

Y/N/NA

Y

Y

FLUE TERMINATION SATISFACTORY

Y/N/NA

Y

NA

FLUE VISUAL CHECK

P/F/NA

P

NA

FLUE FLOW SATISFACTORY

P/F/NA

P

NA

SPILLAGE TEST SATISFACTORY

P/F/NA

NA

NA

WORKING PRESSURE or HEAT INPUT

mbar, kW/h

19.7 mbar

19.0 mbar

FLUE GAS ANALYSIS PERFORMED

Y/N/NA

Y

N

ANALYSIS RESULT CO/CO₂ RATIO

%

0.008

APPLIANCE SAFE TO USE

Y/N

Y

Y

WARNING LABEL ATTACHED

Y/N

N

N

WARNING NOTICE ISSUED

Y/N

N

N

REASON CODE - ID/AR/NCA

Appliance

Details of any faults/remedial work required:

Details of any work carried out:

1
2
3
4
5
6

I certify that the above work was carried out by myself on the (date of work done)

The customer/tenant/landlord/responsible person has been informed of any faults/remedial work required to bring the installation up to standard.

Date:

21-10-24

Operative Name: (in capitals)

W Green

Signed: (by Operative)

[Signature]

Gas Safe Card Serial No.

5676193

Customer Name: (in capitals)

NO CUSTOMER

Signed: (by Customer)

[Signature]

Number of Appliances Tested:

Two (2)