



# LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: **45C 4145708**

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been 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.

**REGISTERED BUSINESS DETAILS**

Reg No: \_\_\_\_\_  
 Company: Abbey Plumbing + Heating  
 Address: 41 Kirkdale Road  
Osbaldwick, York  
 Postcode: YO10 3NQ  
 Tel: 07876 492221

**INSPECTION/INSTALLATION ADDRESS**

Name & Title: Vacant  
 Address: 267 Hull Road  
York  
 Postcode: YO10 3LD Tel: \_\_\_\_\_

**LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)**

Name & Title: S. Dawson  
 Address: 305 Hull Road  
York  
 Postcode: YO10 3LU Tel: \_\_\_\_\_  
 Number of appliances tested: 1

	APPLIANCE DETAILS						FLUE TESTS				INSPECTION DETAILS						
	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No
1	<u>Lounge</u>	<u>Ideal Logic C30</u>	<u>Boiler</u>	<u>RS</u>	<u>17</u>	<u>Yes</u>	<u>NA</u>	<u>NA</u>	<u>0.002</u>	<u>0.0010</u>	<u>Yes</u>	<u>Pass</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
2																	
3																	
4																	
5																	

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes  No  Emergency Control Accessible: Yes  No  Satisfactory Gas Tightness Test: Yes  No  Equipotential Bonding Satisfactory: Yes  No

	GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT	WARNING NOTICE ISSUED	WARNING TAG or LABEL FIXED
			Yes/No/NA	Yes/No/NA
1				
2				
3				
4				
5				

Approved Audible CO Alarms Fitted & Located Correctly\*\*: Yes  No  N/A  Are CO Alarms in Date: Yes  No  N/A  Testing of CO Alarms Satisfactory: Yes  No  N/A  Smoke/Heat Alarms Located & Fitted correctly\*\*: Yes  No  N/A

**OTHER COMMENTS OR OBSERVATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NEXT GAS SAFETY CHECK DUE BEFORE:**

13/10/28

**ISSUED BY (GAS ENGINEER)**

Print Name: Joe Dawson Signed: \_\_\_\_\_  
 Licence No: 41304 Issue Date: 10/10/24

**RECEIVED BY**

Received By: No one present (Delete as applicable) Tenant/Agent/Landlord/Home Owner No one present at time of visit   
 Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_