



LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: **45C 4145703**

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: 01876 492221

INSPECTION/INSTALLATION ADDRESS

Name & Title: Vacant
 Address: 7 Cycle Street
YORK
 Postcode: YO10 3LJ 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: 2

	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	Appliance Safe to Use Yes/No
1	Kitchen	Ideal Vogue C32	Boiler	RS	18.5	Yes	NA	NA	0.0001	0.0007	Yes	Pass	Yes	Yes	Yes	Yes	Yes	Yes
2	Kitchen	Ignis 4 Burner	Hob	FL	20	Yes	NA	NA	—	—	Yes	Pass	Yes	Yes	Yes	Yes	Yes	Yes
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 Yes/No/NA	WARNING TAG or LABEL FIXED 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:

13/10/25

ISSUED BY (GAS ENGINEER)

Print Name: _____ Signed: _____
 Licence No: _____ Issue Date: 9/10/24

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: _____