

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: 302755
 Company: CBEU
 Address: 10 MILFIELD AVE
 HUX ROAD YORK
 Postcode:
 Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title: OCCUPANTS
 Address: 2 WOLSTON AVE.
 OSBARDWICH YORK
 Postcode:
 Tel:

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

Name & Title: MR J FMDLAY
 Address: 36 VIKING ROAD
 STAMFORD BRIDGE
 Postcode: YO41 1BR
 Tel:

Number of appliances tested: **ONE**

APPLIANCE 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/N/A	Spillage test Pass/Fail/N/A	Smoke pellet flow test Pass/Fail/N/A	Initial combustion analyser reading	Final combustion analyser reading
1 UTILITY ROOM	WORCESTER Ri	CHB	RS	24kW	YES	MP	NA	8.6	8.5
2-									
3									
4									
5									

FLUE TESTS

Satisfactory termination Yes/No/N/A	Flue visual condition Pass/Fail/N/A	Adequate ventilation Yes/No	Landlord's appliance Yes/No/N/A	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
YES	PAS	YES	YES	YES	YES	YES	YES

INSPECTION DETAILS

Satisfactory Gas Tightness Test: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Emergency Control Accessible: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Are CO Alarms in Date: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Approved Audible CO Alarms Fitted & Located Correctly**: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Smoke/Heat Alarms Located & Fitted correctly**: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Testing of CO Alarms Satisfactory: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Warning Tag or Label Fixed Yes/No/N/A: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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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 Satisfactory Visual Inspection: Yes No N/A
 Pipework: Satisfactory Gas Tightness Test: Yes No N/A
 Emergency Control Accessible: Yes No N/A
 Are CO Alarms in Date: Yes No N/A
 Approved Audible CO Alarms Fitted & Located Correctly**: Yes No N/A
 Smoke/Heat Alarms Located & Fitted correctly**: Yes No N/A
 Testing of CO Alarms Satisfactory: Yes No N/A
 Warning Tag or Label Fixed Yes/No/N/A: Yes No N/A

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

No	Description of Fault	Rectification Work Carried Out
1		
2		
3		
4		
5		

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:

ISSUED BY (GAS ENGINEER)

Print Name: CBEU
 Licence No: SDS3519
 Signed: [Signature]
 Issue Date: 03/10/2024

Print Name: [Signature]
 Licence No: SDS3519
 Signed: [Signature]
 Issue Date: 03/10/2024

Print Name: CBEU
 Licence No: SDS3519
 Signed: [Signature]
 Issue Date: 03/10/2024

RECEIVED BY

Received By: [Signature]
 Print Name: JOHN FISHER
 Tenant/Agent/Landlord/Home Owner: [Signature]
 No one present at time of visit