

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: | 924253 |
| Company: | M Collins Plumbing & Heating |
| Address: | 35 Crossfield Crescent Fulford York |
| Postcode: | YO19 4QJ |
| Tel: | 07513468301 |

| INSPECTION/INSTALLATION ADDRESS | |
|---------------------------------|------------------|
| Name & Title: | |
| Address: | 6 Beaufort Close |
| | |
| Postcode: | YO10 3LS |
| Tel: | |

| LANDLORD (OR AGENT) NAME & ADDRESS (if applicable) | |
|--|---|
| Name & Title: | M Anwar Karboni |
| Address: | Two oaks 15 Wentlock Drive Eserick York |
| Postcode: | YO19 6JB |
| Tel: | |

 Number of appliances tested: **ONE**

| | APPLIANCE DETAILS | | | | FLUE TESTS | | | | INSPECTION DETAILS | | | | | | | | | |
|---|-------------------|------------------|------|--------------------|---|---|----------------------------|--|-------------------------------------|-----------------------------------|------------------------------------|------------------------------------|-----------------------------|--------------------------------|------------------|-------------------------------|---------------------------|------------------------------|
| | Location | Make and Model | Type | Flue Type OF/RS/FL | Operating pressure in mbars 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 | Heat Ideal logic | Heat | RS | 19.7kw | YES | WA | NA | 0.0005 | 0.0005 | YES | Pass | YES | YES | YES | YES | YES | YES |
| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | Emergency Control Accessible: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Satisfactory Gas Tightness Test: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Equipotential Bonding Satisfactory: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
|-----------------------------------|---|---|--|---|

| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Are CO Alarms in Date: 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"/> | Smoke/Heat Alarms Located & Fitted correctly**: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
|---|---|---|--|

| OTHER COMMENTS OR OBSERVATIONS |
|--------------------------------|
| Max / 0.0005 / 44 ppm / 9.0% |
| Min / 0.0005 / 42 ppm / 8.5% |
| |
| |

NEXT GAS SAFETY CHECK DUE BEFORE:
05/10/25

| ISSUED BY (GAS ENGINEER) | |
|-------------------------------|-----------------------------|
| Print Name: <u>M. Collins</u> | Signed: <u>[Signature]</u> |
| Licence No: <u>5552728</u> | Issue Date: <u>05/03/24</u> |

| RECEIVED BY | |
|---------------------------------|--|
| Received By: <u>[Signature]</u> | (Delete as applicable) Tenant/Agent/Landlord/Home Owner |
| Signed: <u>[Signature]</u> | Print Name: _____ |
| | No one present at time of visit <input type="checkbox"/> |