



LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: **45C 3674384**

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: 187636

Company: RKM

Address: 31 Ryedale close waltham

Postcode: YO1990Q

Tel: _____

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____

Address: 74 Frances Street
York

Postcode: YO1040P Tel: _____

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

Name & Title: _____

Address: _____

Postcode: _____ 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 Lodge Mod 30	combi	FF	16.7	Yes	NA	NA	—	0.0213 7.25 11.9	Yes	Pass	Yes	Yes	Yes	Yes	Yes	Yes
2	Kitchen	gas oven	Oven	OF	—	Yes	NA	NA	—	—	Yes	NA	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	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:

26/9/25

ISSUED BY (GAS ENGINEER)

Print Name: Adrian Wright Signed: _____

Licence No: 187636 Issue Date: 26/9/24

RECEIVED BY

Received By: _____ (Delete as applicable) No one present at time of visit

Signed: _____ Print Name: _____