

GAS INSTALLATION / SAFETY RECORD

Serial No.

The work recorded on this form should be carried out by a competent, registered gas engineer/operative in accordance with the current Gas Safety (Installation & Use) Regulations, Building Regulations and any manufacturers instructions.

4420093

Customer / Tenant / Pitch or Location: (delete as applicable)	Company details:
Name:	Name: FOSS CONTROLS
Address: 6 AUTHUR ST YORK	Address: 59 IRWIN AVE YORK
Postcode: YO103EC	Postcode: YO31 7TU
Tel No.:	Tel No. 0794 111 4788

Landlord / Letting Agent / Park: (delete as applicable)	Gas Safe Registration No.
Name: Sohi Abbas	196210
Address: 29 Eastward Avenue, Fulford	
Postcode: YO104LZ	
Tel No. 07929 290047	

NB. To Customer, Tenant, Landlord or Responsible Person.
It is important that the company details above and the Gas Safe registration number are filled in by the gas engineer/operative working on site.
Gas Safe may be contacted to check registration, ask the attending gas engineer/operative for the Gas Safe contact telephone number.

Type of Work done: (tick box)			
Safety Check <input checked="" type="checkbox"/>	Installation <input type="checkbox"/>	Service <input type="checkbox"/>	Repairs <input type="checkbox"/>
Meter/Emergency Control Accessible? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Meter and Installation (visible) Pipework Satisfactory? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Installation Tightness Test Satisfactory? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Fuel Type: (tick box) Natural Gas <input checked="" type="checkbox"/> L.P.G. <input type="checkbox"/>	Is the Installation Safe to Use (Yes/No) <input checked="" type="checkbox"/>
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Appliance Details:	Answer	1	2	3	4	5	6
LOCATION		BATHRM					
OWNER		LORD					
TYPE		COMBI					
MAKE		WORCESTER					
MODEL		24i JWR					
FLUE TYPE	RS/OF/FL	RS.					
FUEL TYPE	NG/LPG	NG					
INSPECTED/SERVICED	I/S	Y					
VENTILATION SATISFACTORY	Y/N/NA	Y					
SAFETY CONTROL(S) WORKING	Y/N/NA	Y					
FLUE TERMINATION SATISFACTORY	Y/N/NA	Y					
FLUE VISUAL CHECK	P/F/NA	P.					
FLUE FLOW SATISFACTORY	P/F/NA	NA					
SPILLAGE TEST SATISFACTORY	P/F/NA	NA					
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	19 mbar					
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y					
ANALYSIS RESULT CO/CO ₂ RATIO	%	0.0004					
APPLIANCE SAFE TO USE	Y/N	Y					
WARNING LABEL ATTACHED	Y/N	N					
WARNING NOTICE ISSUED	Y/N	N					
REASON CODE - ID/AR/NCA							

Appliance	Details of any faults/remedial work required:	Details of any work carried out:
1		
2		
3		
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done)		Date: 13-8-24
The customer / tenant / landlord / responsible person has been informed of any faults/remedial work required to bring the installation up to standard.		
Operative Name: (in capitals) MICHAEL COLLINS	Signed: (by Operative) <i>[Signature]</i>	Gas Safe Card Serial No. 1
Customer Name: (in capitals) <i>[Signature]</i>	Signed: (by Customer) 56 28 055	Number of Appliances Tested: 1