

# LANDLORD/HOME OWNER GAS SAFETY RECORD

GAS INSTALLER: (Trading Title) **COLIN ROBERTSON**

Name: **C. ROBERTSON** Gas Safe Register No: **157664**

Address: **19. LEIGHTON CROFT YORK** Gas Installer Ref. No: **P.S.**

Post code: **YO30 5ZG** Date of Issue: **6/11/24**

Tel: **07710448500** Engineers Name: (print) **C. ROBERTSON**

This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were 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.

## TENANT/HOME OWNER DETAILS

Tenant/Home Owner\* Name: \_\_\_\_\_

Property Address: **25. TEMPLE AVENUE YORK**

Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_

Tenant/Home Owner\* present during inspection  YES/NO

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: **ARMAN BREWERY LIMITED**

Address: **58. GUYGATE YORK**

Post Code: \_\_\_\_\_

Tel: **611611**

Landlord/Agent\* present during inspection  YES/NO

APPLIANCE DETAILS			INSPECTION DETAILS				FLUE TEST				RESULTS								
LOCATION	MAKE	MODEL	TYPE	Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation Yes/No	Ventilation Adequate Yes/No	CO Alarm fitted Yes/No	CO Alarm tested Pass/Fail	Flue Flow Test Pass/Fail	Spillage Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Performance Reading CO: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	WIKIT/BOCCORA	Z87	MC	CO 20.00	19	19	YES	YES	YES	YES	YES	YES	YES	9.0000 9.1/498	YES	YES	YES	YES	
2																			
3																			
4																			
5																			

REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT	
1	Border supplied to show signs of PGC		
2	Gas tap not secured in WPC		
3			
4			
5			

**Outcome of gas installation pipework visual inspection?**  Pass / Fail / NA

**Outcome of gas supply pipework visual inspection?**  Pass / Fail / NA

**Is the Emergency Control Valve access satisfactory?**  Pass / Fail / NA

**Outcome of gas tightness test?**  Pass / Fail / NA

**Is the Protective Equipotential bonding satisfactory?**  Pass / Fail / NA

This Safety Record is issued by Gas Installer: (SIGNED) \_\_\_\_\_

Received on behalf of Landlord / Home Owner: (SIGNED) \_\_\_\_\_

Tenant/Landlord/Agent/Home Owner\* \_\_\_\_\_

**Number of appliances tested:** **ONE**

**Date:** **6/11/24**

**ATTENTION**  
Next safety check due by: **6/11/25**