

LANDLORD/HOME OWNER GAS SAFETY RECORD

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.

GAS INSTALLER: (Trading Title) Corn. Robertson
 Name: C. Robertson Gas Safe Register No: 157664
 Address: 19. LEIGHTON CROFT Gas Installer Ref. No: A.B.
 Post code: YO30 5ZG Date of Issue: 7/11/24
 Tel: 07710448500 Engineers Name: (print) C. Robertson

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:
 Property Address: FLAT 4.13. WENLOCK ROAD
 Post Code: YORK.
 Tel:
 Tenant/Home Owner* present during inspection YES NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ADAM BENNETT LETTINGS
 Address: 58. GILLYBARTIE 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	KITHEX	IDEALMAX	COMBI	RS	19.1		YES	YES	YES	PASS	PASS	PASS	YES	78	YES	YES	YES	YES
2																		
3																		
4																		
5																		

DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1	NOT CONNECT	CONNECT	ABOVE BOILER			Yes	NO
2							
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: 7/11/24