

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)

Name:	DAVID KALOCZ	Gas Safe Register No:	33692
Address:	5 OSPREY CLOSE	Gas Installer Ref. No.:	5632151
	YORK	Date of Issue:	30-7-2024
Post code:	YO24 2YE	Time of Issue:	10-00
Tel:	07778631713	Engineers Name: (print)	D. KALOCZ

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:	
Property Address:	39 EASTFIELD CRESCENT
	YORK
Post Code	YO10 5HZ Tel:
Tenant/Home Owner* present during inspection	YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name:	MR. S. JOSHI
Address:	31 BARBICAN ROAD
	YORK
Post Code	YO10 5AA Tel: 07725423988
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
LOFT	IDEAL	VOGUE BOILER	RS			26	Y6S	Y6S	Y6S	PASS	NA	NA	Y6S	PASS	CO 52 0.0011	Y6S	Y6S	Y6S
1																		
2																		
3																		
4																		
5																		

DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1	2	1	2	1	2	Yes	NO

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:	30-7-2024

ATTENTION Next safety check due by:
30/8/25

To re-order quote code 663010-NUM

Copies: White - Landlord/Agent/Home Owner

Green - Registered Gas Installer

Pink - Tenant

* delete as applicable

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