

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) COLIN ROBERTSON

Name: C. ROBERTSON Gas Safe Register No: 457664

Address: 19 LENTON CROFT Gas Installer Ref. No: AB

Post code: Y030 5Z9 Date of Issue: 12/11/24

Tel: 0770448500 Engineers Name: (print) C. ROBERTSON

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: 15 CHARLE STREET

Post Code: _____

Tenant/Home Owner* present during inspection YES NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ARMAN BENNETT LETTING

Address: 58 GUYBURY YORK

Post Code: _____

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: <u>10.9</u> CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	BETHLEHEM	INSTANT	COMBI	R.S P29			YES	YES	YES	PASS	PASS	PASS	YES	8.99/3 8.6/5.71	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	2	3	4	5	6	7	8

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: 12/11/24

ATTENTION
Next safety check due by: 12/11/25