

# GAS INSTALLATION / SAFETY RECORD

Serial No. **4420064**

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.

**Customer / Tenant / Pitch or Location:** (delete as applicable)  
 Name:  
 Address: **47A HESLINGTON RD YORK**  
 Postcode: **YO10 5AR**  
 Tel No.:

**Company details:**  
 Name: **ROSS CONTROLS**  
 Address: **59 IRWIN AVE YORK**  
 Postcode: **YO31 7TU**  
 Tel No. **0794 111 4788**  
 Gas Safe Registration No. **196210**

**Landlord / Letting Agent / Park:** (delete as applicable)  
 Name: **Z IQBAL**  
 Address: **33 A HESLINGTON RD YORK**  
 Postcode: **YO10 5AR**  
 Tel No. **07951 455655**

**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  Installation  Service  Repairs   
 Meter/Emergency Control Accessible? Yes  No  Gas Meter and Installation (visible) Pipework Satisfactory? Yes  No  Gas Installation Tightness Test Satisfactory? Yes  No

Appliance Details:	Answer	Is the Installation Safe to Use: (Yes/No)					
		1	2	3	4	5	6
LOCATION		KITCHEN	KITCHEN				
OWNER		LORD	LORD				
TYPE		COMBI	COOKER				
MAKE		WORCESTER	CANNON				
MODEL		30CDi	FREE STAND				
FUEL TYPE	RS/OF/FL	RS	FL				
FUEL TYPE	NG/LPG	NG	NG				
INSPECTED / SERVICED	I/S	Y	Y				
VENTILATION SATISFACTORY	Y/N/NA	Y	Y				
SAFETY CONTROL(S) WORKING	Y/N/NA	Y	Y				
FLUE TERMINATION SATISFACTORY	Y/N/NA	Y	NA				
FLUE VISUAL CHECK	P/F/NA	P	NA				
FLUE FLOW SATISFACTORY	P/F/NA	NA	NA				
SPILLAGE TEST SATISFACTORY	P/F/NA	NA	NA				
WORKING PRESSURE or HEAT INPUT	mbar, kW/h		NA				
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y	N				
ANALYSIS RESULT CO/CO <sub>2</sub> RATIO	%	0.0007					
APPLIANCE SAFE TO USE	Y/N	Y	Y				
WARNING LABEL ATTACHED	Y/N	N	N				
WARNING NOTICE ISSUED	Y/N	N	N				

Appliance	Details of any faults/remedial work required:	Details of any work carried out:
1		
2		
3	NO STABILITY CHAIN ON COOKER	
4	COOKER MAIN OVEN FAILED TO WORK	
5		
6		

I certify that the above work was carried out by myself on the (date of work done) **21-6-24**  
 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 GILKES** Signed: (by Operative) *[Signature]* Gas Safe Card Serial No. **56 28 055**  
 Customer Name: (in capitals) Signed: (by Customer) Number of Appliances Tested: **2**