

Serial No.
4420067

Customer / Tenant / Pitch or Location: (delete as applicable)

[Company details:

Postcode Y031 7TU

Postcode YO10 5AQ

Tel No. 0794 111 4788

Landlord / Letting Agent / Park: (delete as applicable)

Name: Z IQBAL
Address: 33A HEDINGTON RD
YORK

Gas Safe Registration No.

Gas Safe Registration No. 1234567890

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.

Postcode Y010 5AR

Tel No.

[illegible]

Meter/Emergency	Yes <input checked="" type="checkbox"/>	Gas Meter and Installation	Yes <input checked="" type="checkbox"/>	Gas Installation Tightness	No <input type="checkbox"/>
Control Accessible?	No <input type="checkbox"/>	(visible) Pipework Satisfactory?	No <input type="checkbox"/>	Test Satisfactory?	No <input type="checkbox"/>
<div style="border: 1px solid black; padding: 2px;"> Installation Safe to Use: (Yes/No) </div>					

Fuel Type: (tick box) Natural Gas ☒ L.P.G. ☐

Appliance Details:	Answer	1	2	3	4	5
LOCATION		KITCHEN	LANDING CUP.			
OWNER		LLOYD	LLOYD			
TYPE		HOB	COMBI			
MAKE		SS	WORLDPAC			
MODEL		6 RING	37CDI			
FLUE TYPE	RS/OF/FL	FL	RS			
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	NA	Y			
FLUE VISUAL CHECK	P/F/NA	NA	P			
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	NA			
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	NA	Y			
ANALYSIS RESULT CO/CO ₂ RATIO	%	NA	0.0005			
APPLIANCE SAFE TO USE	Y/N	Y	Y			
WARNING LABEL ATTACHED	Y/N	N	N			
WARNING NOTICE ISSUED	Y/N	N	N			
REASON CODE - ID/AR/NCA		NA	NA			

REASON CODE - ID/AR/NCA	
Appliance	Details of any faults/remedial work required:

Details of any work carried out:

Appliance	Details of any faults/remedial work required:	Details of any work carried out:
1		
2		
3		
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done)

Date: 7-6-24

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 GILLES

Signed: (by Operative)

Signed: (by Customer)

Gas Safe Card Serial No.

5628 OAS

Number of Appliances Tested:

Customer Name: (in capitals)

Top White copy to Customer or Landlord, Blue copy to Tenant, Pink copy to be kept by Operative.
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**NEXT SAFETY CHECK DUE WITHIN
12 MONTHS OF THE ABOVE DATE**