

GAS INSTALLATION / SAFETY RECORD

Serial No.

4420065

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: 49 HESLINGTON RD <div style="text-align: center;">YORK</div> Postcode: YO10 5AR Tel No.:	Company details: Name: FOSS CONTROLS Address: 59 IRWIN AVE <div style="text-align: center;">YORK</div> Postcode: YO31 7TU Tel No.: 0794 11 4288 Gas Safe Registration No. 196210
Landlord / Letting Agent / Park: (delete as applicable) Name: Z IQBAL Address: 33A HESLINGTON RD <div style="text-align: center;">YORK</div> Postcode: YO10 5AR Tel No.:	

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 <input checked="" type="checkbox"/>	Installation <input type="checkbox"/>	Service <input type="checkbox"/>	Repairs <input type="checkbox"/>
Meter/Emergency Control Accessible?	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	Gas Meter and Installation (visible) Pipework Satisfactory?	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>	Gas Installation Tightness Test Satisfactory?	Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/>
Fuel Type: (tick box)		Natural Gas <input checked="" type="checkbox"/>	L.P.G. <input type="checkbox"/>	Is the Installation Safe to Use: (Yes/No) <input checked="" type="checkbox"/>	

Appliance Details:	Answer	1	2	3	4	5	6
LOCATION		KITCHEN	KITCHEN				
OWNER		LLORD	LLORD				
TYPE		HOB.	SYSTEM				
MAKE		SS	30CDI				
MODEL		6 RING	WORKCENTRE				
FLUE TYPE	RS/OF/FL	FL	RS				
FUEL TYPE	NG/LPG	NG	NG				
INSPECTED / SERVICED	I/S	I	I				
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	N	Y				
ANALYSIS RESULT CO/CO ₂ RATIO	%	—	0.0006				
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							

Appliance	Details of any faults/remedial work required:	Details of any work carried out:
1	F100 RB TO NOT STAYING ON	
2		
3		
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done) The customer / tenant / landlord / responsible person has been informed of any faults/remedial work required to bring the installation up to standard.		Date: 21-6-24
Operative Name: (in capitals) MICHAEL GILLES	Signed: (by Operative) 	Gas Safe Card Serial No. 56 28 055
Customer Name: (in capitals)	Signed: (by Customer)	Number of Appliances Tested: 2

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**