



# LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 3410388

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been 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.

**REGISTERED BUSINESS DETAILS**

Reg No: 225963  
 Company: SLEEPSAFE GAS SERVICES  
 Address: 12 York Rd  
 Stranmillis York  
 Postcode: Y032 2JN  
 Tel: 07799474565

**INSPECTION/INSTALLATION ADDRESS**

Name & Title: THE OCCUPIER  
 Address: 29B, HARRINGTON RD  
 York  
 Postcode: YO10 5NR Tel:

**LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)**

Name & Title: SIMON SINGLETON  
 Address: 55 MILL GRANGE FARM  
 GILBERTON  
 York  
 Postcode: YO12 4AH Tel:  
 Number of appliances tested: TWO

	Location	Make and Model	Type	APPLIANCE DETAILS				FLUE TESTS				INSPECTION DETAILS							
				Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No	
1	JUBILEE	IDEALCISING 3	CHB	RS	17.47	Yes	Pass	NA	0.06	0.06	Yes	Pass	Yes	Pass	Yes	Pass	Pass	Pass	
2	KITCHEN	HOTPOINT CUBANE	HOB	FL	7.08	Yes	NA	Pass	NA	NA	NA	NA	NA	NA	Yes	Pass	Pass	Pass	
3																			
4																			
5																			

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes  No  Emergency Control Accessible: Yes  No  Satisfactory Gas Tightness Test: Yes  No  Equipotential Bonding Satisfactory: Yes  No

	GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT	WARNING NOTICE ISSUED	WARNING TAG OR LABEL FIXED
			Yes/No/NA	Yes/No/NA
1	NA	NA	NA	NA
2	NA	NA	NA	NA
3				
4				
5				

Approved Audible CO Alarms Fitted & Located Correctly\*\*: Yes  No  N/A  Are CO Alarms in Date: Yes  No  N/A  Testing of CO Alarms Satisfactory: Yes  No  N/A  Smoke/Heat Alarms Located & Fitted correctly\*\*: Yes  No  N/A

**OTHER COMMENTS OR OBSERVATIONS**

NONE

**NEXT GAS SAFETY CHECK DUE BEFORE:**

27/06/25

**ISSUED BY (GAS ENGINEER)**

Print Name: J FLEMING Signed: [Signature]  
 Licence No: 225963 Issue Date: 27/6/2024

**RECEIVED BY**

Received By: Ho Green (Delete as applicable) Tenant/Agent/Landlord/Home Owner No one present at time of visit   
 Signed: [Signature] Print Name: