

GAS INSTALLATION / SAFETY RECORD

Serial No.

4420096

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: 46 HEDLINGTON ROAD York Postcode YO10 3DA Tel No.	Company details: Name: LOSS CONTROL Address: 59 IRWIN AVE YORK Postcode YO31 7TU Tel No. 0794 111 4788 Gas Safe Registration No. 196210
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Landlord / Letting Agent / Park: (delete as applicable) Name: MURRAY IMSM PROPERTIES Address: Postcode Tel No. 07971 696815	<p>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.</p> <p>Gas Safe may be contacted to check registration, ask the attending gas engineer/operative for the Gas Safe contact telephone number.</p>
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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"/>
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Appliance Details:	Answer	1	2	3	4	5	6
LOCATION		KITCHEN	KITCHEN				
OWNER		LORD	LORD				
TYPE		COMBI	HOB				
MAKE		WURCESTER	BOSCH				
MODEL		37CDI	5RINGOS				
FLUE TYPE	RS/OF/FL	RS.	OF				
FUEL TYPE	NG/LPG	NG.	NG.				
INSPECTED/SERVICED	I/S	1	1				
VENTILATION SATISFACTORY	Y/N/NA	Y	Y				
SAFETY CONTROL(S) WORKING	Y/N/NA	Y	NA				
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	18.5mbar	NA				
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y	N				
ANALYSIS RESULT CO/CO ₂ RATIO	%	0.0004					
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	NO EARTH BONDING VISIBLE AT METER	
2	SOME FLUE SEAL MISSING	
3	HOB WORK BURNER MISSING KNOB + BURNER JETS CLOGGED	
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done) Date: **24 AUG 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 GILKIES	Signed: (by Operative) 	Gas Safe Card Serial No. 56 28 055
Customer Name: (in capitals)	Signed: (by Customer) 	Number of Appliances Tested: 2