

# GAS INSTALLATION / SAFETY RECORD

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.

Serial No.

4420097

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

Name: \_\_\_\_\_

Address: **48 HESLINGTON ROAD**  
**YORK**

Postcode: **YO10 5AD**

Tel No. \_\_\_\_\_

**Company details:**

Name: **FESS CONTROLS**

Address: **59 IRWIN AVE**  
**YORK**

Postcode: **YO31 7TU**

Tel No. **0794114788**

Gas Safe Registration No. **196210**

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

Name: **MURRY IMFM**

Address: **27 EASTWOOD AVE**  
**YORK**

Postcode: \_\_\_\_\_

Tel No. **07971 696 815**

**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

**Fuel Type:** (tick box)    Natural Gas     L.P.G.     **Is the Installation Safe to Use:** (Yes/No)  (No)

Appliance Details:	Answer	1	2	3	4	5	6
LOCATION		OUTSIDE ON	KITCHEN				
OWNER		LORD	LORD				
TYPE		BOILER	COOKER				
MAKE		IDEAL	STOVES				
MODEL		VOUGIE	600 SLD				
FLUE TYPE	RS/OF/FL	32 RS.	FL				
FUEL TYPE	NG/LPG	NG	NG				
INSPECTED / SERVICED	I/S	S	I				
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	19mbar	NA				
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	0.0007	---				
ANALYSIS RESULT CO/CO <sub>2</sub> RATIO	%	Y	---				
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 VISIBLE EARTH AT METER	
2	COOKER STABILITY CHAIN NOT FIXED	
3		
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done) \_\_\_\_\_ Date: **24-8-24**

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) <b>MICHAEL GILKES</b>	Signed: (by Operative) <i>[Signature]</i>	Gas Safe Card Serial No. <b>5628055</b>
Customer Name: (in capitals) <i>[Signature]</i>	Signed: (by Customer)	Number of Appliances Tested: <b>2</b>