

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.
4420049

Customer / Tenant / Pitch or Location: (delete as applicable)		Company details:	
Name:		Name: FOS CONTROL	
Address: 39 HESINGTON RD. YORK		Address: 59 IRWIN AVE YORK	
Postcode YO10 5AR		Postcode YO81 7T	
Tel No.		Tel No. 0794 111 4788	
Landlord / Letting Agent / Park: (delete as applicable)		Gas Safe Registration No. 196210	
Name: ZAK IQBAL		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.	
Address: 33 HESINGTON RD. YORK			
Postcode YO10 5AR			
Tel No.			

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		LLOD	LLOD				
TYPE		COMBI	COOKER				
MAKE		IDEAL	STURDY				
MODEL		LOGIC	STRATFORD				
FLUE TYPE	RS/OF/FL	RS	8 FL				
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	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	Y	N				
ANALYSIS RESULT CO/CO ₂ RATIO	%	0.0016					
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	OVEN DOOR NOT SEALING.	
2		
3		
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done) Date: **27 NOV 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 CILKES	Signed: (by Operative) <i>[Signature]</i>	Gas Safe Card Serial No. 5628 050
Customer Name: (in capitals)	Signed: (by Customer)	Number of Appliances Tested: 2