

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: 589033
 Company: Lee Bannon Plumbers & Heating
 Address: 8 Piccadilly Court
Stratton Ln, York
 Postcode: YO31 1HY
 Tel: 0785 222215

INSPECTION/INSTALLATION ADDRESS

Name & Title: 319 Hill Ln
 Address: York
 Postcode: _____
 Tel: _____

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

Name & Title: Mark James North Properties
 Address: 612 Mint The Coln House
Harby Rd
York
 Postcode: YO31 6AT
 Tel: _____
 Number of appliances tested: 2

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kWh 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 condition 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 <u>KITCHEN</u>	<u>TRIAL LOGIC MAX 524</u>	<u>Burner</u>	<u>Pa</u>	<u>24kW</u>	<u>YES</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>YES</u>	<u>PASS</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>
2 <u>LIVING</u>	<u>NEW WORLD RANGE</u>	<u>COOKER FL</u>	<u>Pa</u>	<u>19.5kW</u>	<u>YES</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NO</u>	<u>NA</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>
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 Satisfactory Visual: Yes No
 Pipework: Satisfactory Visual: Yes No
 Emergency Control: Yes No
 Testing of CO Alarms Satisfactory: Yes No
 Smoke/Heat Alarms Located & Fitted correctly: Yes No
 Equipment Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

1																	
2																	
3																	
4																	
5																	

RECTIFICATION WORK CARRIED OUT

Approved Audible CO Alarms Fitted & Located Correctly: Yes No N/A
 Approved Audible CO Alarms in Date: Yes No N/A

OTHER COMMENTS OR OBSERVATIONS

(Handwritten notes area)

NEXT GAS SAFETY CHECK DUE BEFORE:

26/11/25

ISSUED BY (GAS ENGINEER)

Print Name: R. Bannon Signed: [Signature]
 Licence No: 589033 Issue Date: 26/11/25
 Received By: _____
 Signed: _____
 Print Name: _____
 Tenant/Agent/Landlord/Home Owner

RECEIVED BY

No one present at time of visit

WARNING NOTICE ISSUED Yes/No/NA * WARNING TAG or LABEL FIXED Yes/No/NA