

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: Rob Barton Pumping & Heating  
 Address: 8 Redwood Close  
Stacted Ln. York  
 Postcode: YO31 1AN  
 Tel: 0785 2227215

**INSPECTION/INSTALLATION ADDRESS**

Name & Title: —  
 Address: 91 Newland Park Drive  
Hill Road  
York,  
 Postcode: —  
 Tel: —

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

Name & Title: Mark Harris - Fire Properties  
 Address: 612 Mint, The Coln Works  
Haver Lane,  
York.  
 Postcode: YO31 8AE  
 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 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 <u>GASGUARD</u>	<u>IDRA Logic Max Cover 30</u>	<u>Burn</u>	<u>Ps</u>	<u>30xN</u>	<u>Yes</u>	<u>NA</u>	<u>NA</u>	<u>0146</u>	<u>0146</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>KEYHEAT</u>	<u>CDA 6 LIN6</u>	<u>HOB</u>	<u>L</u>	<u>19.5nd</u>	<u>Yes</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NO</u>	<u>NO</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 Inspection: Yes  No  Emergency Control Accessible: Yes  No  Satisfactory Gas Tightness Test: Yes  No  Equipment Bonding Satisfactory: Yes  No

**GIVE DETAILS OF ANY FAULTS**

1																	
2																	
3																	
4																	
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**RECTIFICATION WORK CARRIED OUT**

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  Smoker/Heat Alarms Located & Fitted correctly: Yes  No  N/A

**OTHER COMMENTS OR OBSERVATIONS**

*(Handwritten notes and signatures in the table area)*

**NEXT GAS SAFETY CHECK DUE BEFORE:**

25/11/25

**ISSUED BY (GAS ENGINEER)**

Print Name: P. BARNON Signed: [Signature]  
 Licence No: 599033 Issue Date: 25/11/24

**RECEIVED BY**

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