

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: 598784
 Company: P16 P+H
 Address: 17 THE CATCOPS
YORK
 Postcode: YO24 3NF
 Tel: 01592 608496

INSPECTION/INSTALLATION ADDRESS

Name & Title: OWNER
 Address: 20 HOSPITAL FIELDS ROAD
YORK
 Postcode: YO10 4EF Tel: 07955220259

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

Name & Title: John Campbell
 Address: 33 RIVERDALE DRIVE
YORK
 Postcode: YO24 1DY Tel: ONE

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kWh/m 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 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>INER LOGIC</u>	<u>CHILLER</u>	<u>RIS</u>	<u>23.4</u>	<u>YES</u>	<u>N/A</u>	<u>N/A</u>	<u>-</u>	<u>0.0011</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																	
3																	
4																	
5																	

FLUE TESTS

INSPECTION DETAILS

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 Equipotential Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

1	2	3	4	5	WARNING NOTICE ISSUED Yes/No/NA	WARNING LABEL FIXED Yes/No/NA

Approved Audible CO Alarms Fitted & Located Correctly*: Yes No N/A Aie CO Alarms In Date: Yes No N/A Testing of CO Alarms Satisfactory: Yes No N/A Smoke/Heat Alarms Located & Fitted correctly*: Yes No N/A

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:
11/10/25

ISSUED BY (GAS ENGINEER)

Print Name: P. O'NEILL Signed: [Signature]
 Licence No: _____ Issue Date: 11.10.24
 RECEIVED BY (Delete as applicable)
 Tenant/Agent/Landlord/Home Owner _____
 Print Name: _____
 No one present at time of visit