

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 PTH  
 Address: 17 THE GARDENS  
 Postcode: Y024 3NF  
 Tel: 01592608496

**INSPECTION/INSTALLATION ADDRESS**

Name & Title:  
 Address: 11 PROSPECT TERRACE  
 Postcode: York

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

Name & Title: JOHN CAMPBELL  
 Address: 33 BUREN DRIVE  
 Postcode: Y024 1DY  
 Tel: ONE

APPLIANCE DETAILS				FLUE TESTS				INSPECTION 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/N/A	Spillage test Pass/Fail/N/A	Smoke pellet flue flow test Pass/Fail/N/A	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/N/A	Flue visual condition Pass/Fail/N/A	Adequate ventilation Yes/No	Landlord's appliance Yes/No/N/A	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe
1 KITCHEN	Worcester SI	CHB RIS	29.4	Y/N	N/A	N/A	N/A	-	0.009	Y/N	Pass	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
2																	
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: Inspection: Yes  No   
 Emergency Control Accessible: Yes  No   
 Satisfactory Gas Tightness Test: Yes  No   
 Equipotential 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   
 Ate 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**

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\_\_\_\_\_

**NEXT GAS SAFETY CHECK DUE BEFORE:**  
 30 / 09 / 25

**ISSUED BY (GAS ENGINEER)**  
 Print Name: P. ORLUM  
 Licence No: \_\_\_\_\_  
 Signed: \_\_\_\_\_  
 Issue Date: 30-09-24

**RECEIVED BY**  
 (Delete as applicable)  
 Tenant/Agent/Landlord/Home Owner \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 No one present at time of visit