

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 Barron Plumbing + Heating

Address: 8 Ryegate Close  
Gorton W. York

Postcode: YO31 1HY

Tel: 0785 2227415

**INSPECTION/INSTALLATION ADDRESS**

Name & Title: -

Address: 102 Thirp W.  
Hill Road  
York

Postcode: \_\_\_\_\_ Tel: \_\_\_\_\_

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

Name & Title: Kevin Budds

Address: Stonelight  
Sawhill W. Sutton On Denham  
York

Postcode: YO91 4BX Tel: 07734855490

Number of appliances tested: 1

APPLIANCE DETAILS							FLUE TESTS				INSPECTION DETAILS							
	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h 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	Bathroom CUB	Worcester 36 CDI	Combi	RS	36kW	YES	NA	NA	C0127	C0127	YES	PASS	YES	YES	YES	YES	YES	YES
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 Pipework: 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				WARNING NOTICE ISSUED Yes/No/NA	WARNING TAG or LABEL FIXED Yes/No/NA
1									
2									
3									
4									
5									

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 ☐ Smoke/Heat Alarms Located & Fitted correctly\*\*: Yes ☐ No ☐ N/A ☐

**OTHER COMMENTS OR OBSERVATIONS**

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**NEXT GAS SAFETY CHECK DUE BEFORE:**

07/01/26

**ISSUED BY (GAS ENGINEER)**

Print Name: R. Barron Signed: [Signature]

Licence No: 589033 Issue Date: 07/01/25

**RECEIVED BY**

Received By: \_\_\_\_\_ (Delete as applicable) Tenant/Agent/Landlord/Home Owner No one present at time of visit ☒

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_