

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and 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: _____
 Company: Alben Plumbing & Heating
 Address: 41 Kirkdale Road
Chester, York
 Postcode: YO10 3NQ
 Tel: 0187649221

INSPECTION / INSTALLATION ADDRESS

Name & Title: Vacant
 Address: Heslington Road
York
 Postcode: _____
 Tel: _____

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

Name & Title: A. Coulson
 Address: Game Keepers Cottage
School Lane
York
 Postcode: _____
 Tel: _____

 Number of appliances tested: 3

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type O/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 flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
1 Kitchen	Worcester Highflow 440	Biler	RS	19.2	Yes	NA	NA	1000	0.004
2 Kitchen (L)	Bosh 4Burner	Hob	FL	20	Yes	NA	NA	—	—
3 Kitchen (R)	Bosh 4Burner	Hob	FL	20	Yes	NA	NA	—	—
4									
5									

FLUETESTS

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
Yes	Pass	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Pass	Yes	Yes	Yes	Yes	Yes	Yes
Yes	Pass	Yes	Yes	Yes	Yes	Yes	Yes

INSPECTION DETAILS

Satisfactory Gas Tightness test:	Emergency Control Accessible:	Are CO Alarms in Date:	Approved Audible CO Alarms Fitted & Located Correctly**:	Smoke/Heat Alarms Located & Fitted correctly**:	Testing of CO Alarms Satisfactory:	Print Name:	Licence No:	Issue Date:	Signed:
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	S. Dawson	41304	18/12/25	[Signature]

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

GIVE DETAILS OF ANY FAULTS

1
2
3
4
5

RECTIFICATION WORK CARRIED OUT

OTHER COMMENTS OR OBSERVATIONS

CS Scanned with CamScanner 20/02/2025

NEXT GAS SAFETY CHECK DUE BEFORE:

20/02/2025

ISSUED BY (GAS ENGINEER)

Print Name: S. Dawson
 Licence No: 41304
 Issue Date: 18/12/25
 Signed: [Signature]

RECEIVED BY

Received By: N/A
 Signed: _____
 Tenant/Agent/Landlord/Home Owner
 Print Name: _____
 No one present at time of visit

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