



LANDLORD / HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 4963251

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: 187200
Company: GBRONOUS Heating
Address: 3 THE CROFTS
Postcode: Y032 2TJ
Tel: 07957013404

INSPECTION / INSTALLATION ADDRESS

Name & Title: 85 PETERS ST
Address: FISHERGATE
Postcode: YORK
Tel:

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

Name & Title: Mr & Mrs
Address: WHELOAKE HEDGE
Postcode: Y0265BS Tel: 01904 790974
Number of appliances tested: 2

APPLIANCE 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	Final combustion analyser
1 Kitchen	Worcester	Burner			Yes	Yes	Yes	8.8/68.0	8.8/68.0
2								68pm	68pm
3								0.000	0.000
4									
5									

FLUE TESTS

Flue visual condition Pass/Fail/NA	Satisfactory termination Yes/No/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance Safe to Use Yes/No
Pass	Yes	Pass	Yes	Yes	Yes	Yes

INSPECTION DETAILS

Flue visual condition Pass/Fail/NA	Satisfactory termination Yes/No/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance Safe to Use Yes/No
Pass	Yes	Pass	Yes	Yes	Yes	Yes

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 ☐

Operating pressure in mbar or heat input kW/h or Btu/h: Yes ☒ No ☐

Safety device(s) correct operation: Yes ☒ No ☐

Spillage test: Pass ☒ Fail ☐ NA ☐

Smoke pellet flue flow test: Pass ☒ Fail ☐ NA ☐

Initial combustion analyser: Yes ☒ No ☐

Final combustion analyser: Yes ☒ No ☐

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

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

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 ☐

Equipment Bonding Satisfactory: Yes ☒ No ☐

Appliance Safe to Use: Yes ☒ No ☐ N/A ☐

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE: 13/7/26

ISSUED BY (GAS ENGINEER)

Print Name: GBRONOUS
Licence No: 5910594
Signed: [Signature]
Issue Date: 19/6/25

RECEIVED BY

Received By: [Signature]
Signed: [Signature]
Print Name: [Signature]
No one present at time of visit ☐

Copies: White - Landlord/Agent/Home Owner Green - Engineer Pink - Tenant (if rented)

* IF YES, PLEASE REFER TO SEPARATE WARNING NOTICE - DANGER DO NOT USE REPORT PAD

BF452503

Form Ref. REGP45