LANDLORD / HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 5360254

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:
Company: Abbey Plumbing + Heating
Address: 41 Kirkdale Road
Osbaldwick, York
Postcode: YO10 3NQ
Tel: 07876492221

INSPECTION / INSTALLATION ADDRESS

Name & Title: Vacant
Address: 267 Hull Road
York
Postcode: YO10 3LD Tel:

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

Name & Title: Dawson
Address: 305 Hull Road
York
Postcode: YO10 3LU Tel:

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	Lounge	Ideal Logic +C35	Boiler	RS	17.6	Yes	NA	NA	.0000	.0005	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

	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

NEXT GAS SAFETY CHECK DUE BEFORE:

DD/MM/YY

/ /

ISSUED BY (GAS ENGINEER)

Print Name: J. Dawson
Licence No: 41304
Signed:
Issue Date: 10/10/25

RECEIVED BY

Received By: N/A (Delete as applicable) Tenant/Agent/Landlord/Home Owner
No one present at time of visit ✓
Signed: Print Name:

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

BF452508

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

Form Ref. REGP45