

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: **1677200**  
 Company: **3 Spaces Abrasive**  
 Address: **3 The Chestnuts**  
**Widewater**  
 Postcode: **Y532 2TG**  
 Tel: **07951013404**

**INSPECTION / INSTALLATION ADDRESS**

Name & Title:  
 Address: **5 Western Court**  
**York**  
 Postcode:  
 Tel:

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

Name & Title:  
 Address: **12 West Bank**  
**Regent**  
 Postcode:  
 Tel:  
 Number of appliances tested:

**APPLIANCE DETAILS**

	Location	Make and Model	Type	Flue Type Of/RS/FL	Operating pressure in mbars or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet tube 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	Kitchen	Evolve E	Ben	RS	14.245	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
2	Kitchen	Domotek Consumer	Ben	FL	14.146	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass
3																		
4																		
5																		

**FLUE TESTS**

**INSPECTION DETAILS**

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**

	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

**OTHER COMMENTS OR OBSERVATIONS**

**NO ABSCU**  
**DO ALUMINUM BRASSES SUIT 25**  
**CA NOT**

**NEXT GAS SAFETY CHECK DUE BEFORE:**

**2016/126**

**ISSUED BY (GAS ENGINEER)**

Print Name: **G Kenyon** Signed: **[Signature]**  
 Licence No: **5810844** Issue Date: **20/10/25**

**RECEIVED BY**

Received By: **[Signature]** Print Name: **[Signature]**  
 Tenant/Agent/Landlord/Home Owner at time of visit