GAS INSTALLATION / SAFETY RECORD

Serial No. 4825423

The work recorded on this form should be carried out by a competent, registered gas engineer/operative in accordance with the current Gas Safety (Installation & Use) Regulations, Building Regulations and any manufacturers instructions.

Customer / Tenant / Pitch or Location: (delete as applicable)	**Company details:**
Name:	Name: FOSS CONTROLS.
Address: 6 AUTHER ST YORK	Address: 59 IRWIN AVE YORK
Postcode ~~40~~ YO10 3EL	Postcode YO31 7TU
Tel No.	Tel No. 07941 114 788
Landlord / Letting Agent / Park: (delete as applicable)	**Gas Safe Registration No.** 196210.
Name: MUZZY IQBAL	
Address: SOFIA ABBAS. 29 EASTLAND AVE FULFORD	
Postcode YO10 4LZ	
Tel No. 07929 290 047	

NB. To Customer, Tenant, Landlord or Responsible Person.
It is important that the company details above and the **Gas Safe** registration number are filled in by the gas engineer/operative working on site.
Gas Safe may be contacted to check registration, ask the attending gas engineer/operative for the **Gas Safe** contact telephone number.

Type of Work done: (tick box)	Safety Check ☑	Installation ☐	Service ☐	Repairs ☐

Meter/Emergency Control Accessible?	Yes ☑ No ☐	Gas Meter and Installation (visible) Pipework Satisfactory?	Yes ☑ No ☐	Gas Installation Tightness Test Satisfactory?	Yes ☑ No ☐

Fuel Type: (tick box)	Natural Gas ☑	L.P.G. ☐	**Is the Installation Safe to Use:** (Yes/No)

Appliance Details:	Answer	1	2	3	4	5	6
LOCATION		BATH RM					
OWNER		LLORD					
TYPE		COMBI					
MAKE		WORCESTER					
MODEL		24 JNR					
FLUE TYPE	RS/OF/FL	RS.					
FUEL TYPE	NG/LPG	NG.					
INSPECTED / SERVICED	I/S	I/S.					
VENTILATION SATISFACTORY	Y/N/NA	Y					
SAFETY CONTROL(S) WORKING	Y/N/NA	Y					
FLUE TERMINATION SATISFACTORY	Y/N/NA	Y					
FLUE VISUAL CHECK	P/F/NA	P.					
FLUE FLOW SATISFACTORY	P/F/NA	NA					
SPILLAGE TEST SATISFACTORY	P/F/NA	NA					
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	19mbar					
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y					
ANALYSIS RESULT CO/CO_2 RATIO	%	0.0010.					
APPLIANCE SAFE TO USE	Y/N	Y					
WARNING LABEL ATTACHED	Y/N	N					
WARNING NOTICE ISSUED	Y/N	N					
REASON CODE - ID/AR/NCA							

Appliance	Details of any faults/remedial work required:	Details of any work carried out:
1		
2		
3		
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done) Date: 6 AUG 25

The customer / tenant / landlord / responsible person has been informed of any faults/remedial work required to bring the installation up to standard.

Operative Name: (in capitals)	Signed: (by Operative)	**Gas Safe Card Serial No.**
MICHAEL GICKES.		581 8223
Customer Name: (in capitals)	Signed: (by Customer)	Number of Appliances Tested: 1

Top White copy to Customer or Landlord, Blue copy to Tenant, Pink copy to be kept by Operative.

NEXT SAFETY CHECK DUE WITHIN 12 MONTHS OF THE ABOVE DATE