

No
71 563813

LANDLORD/HOMEOWNER GAS SAFETY RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations 1998 as amended by the Gas Safety (Installation and Use) (Amendment) Regulations 2018. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.



Details of Registered Business

Safe Register No 6553367
 Registered Engineer's Name P Bolton
 Safe Register Licence Number
2014 (gas) Engineering
 Address 201 Top Ln

Code 7023 30 H
 Fact No

Details of Site
 (Mr/Mrs/Miss/MS) Tenant
 Address Granville Ter

Code 701030Y
 Fact No

Details of Customer/Landlord (or agent where appropriate)
 (Mr/Mrs/Miss/MS) COV.
 Address Old School Ys
Acaster Walk Ys

Code 7023 20L
 Fact No

Number of Appliances tested 2

select as appropriate and relevant

Some of gas installation pipework visual inspection? Pass / Fail / NA
 Some of gas supply pipework visual inspection? Pass / Fail / NA
 Emergency Control Valve access satisfactory? Pass / Fail / NA
 Some of gas tightness test? Pass / Fail / NA
 Protective Equipotential bonding satisfactory? Pass / Fail

Appliance Details

| | Location of | Type | Manufacturer | Model | Serial Number (if required) | Owned by Landlord/Homeowner Yes/No | Inspected Yes/No | Type of flue |
|---|-------------|-------|--------------|-------|-----------------------------|------------------------------------|------------------|--------------|
| 1 | Withn | Combi | Ideal | Mini | | Yes | Yes | RTS |
| 2 | .. | Cover | Beko | ? | | Yes | Yes | FL |
| 3 | | | | | | | | |
| 4 | | | | | | | | |

Inspection Details

| | Operating pressure in meter and/or heat input kW/h or Btu/h | Operation of safety device(s) | Ventilation satisfactory Yes/No | Visual condition of flue and termination | Flue operation checks | Combustion analyser reading (if applicable) | Appliance serviced Yes/No | SAFE TO USE Yes/No | Optional CO/Smoke Alarm Test Details |
|---|---|-------------------------------|---------------------------------|--|-----------------------|---|---------------------------|--------------------|--|
| 1 | 30.06 | Pass | Yes | Pass | Pass | 0.0014 | Yes | Yes | Requested to test Yes <input type="checkbox"/> No <input type="checkbox"/> (if fitted) Location Tested Withn <input checked="" type="checkbox"/> |
| 2 | 12.9 | Pass | Yes | NA | NA | NA | Yes | Yes | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

Safety Related Defects Identified

| | GIUSP classification eg. AR, ID | Warning/Advisory Record insert form serial No* |
|---|---------------------------------|--|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

Remedial Action Taken numbering should correspond to defects above.

Details of Work carried out, or Further Action Required

| | |
|--|--|
| | |
| | |
| | |
| | |

* Refer to separate Warning/Advisory Record

Record issued by: Signature [Signature]
 Print Name [Name]
 Received by: Signature [Signature]
 Date appliance(s)/flue(s) checked 12.11.25

ATTENTION
 Next safety check due by: 12.11.28
 See Meter A and B