



# LANDLORD / HOME OWNER GAS SAFETY RECORD

Report Ref No:

**45C 4624685**

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: 589033  
 Company: Rob Barnes Plumbers & Electricians  
 Address: 8 PRINCE OF WALES COURT  
York  
 Postcode: YO31 1HY  
 Tel: 0785 2227215

**INSPECTION / INSTALLATION ADDRESS**

Name & Title:  
 Address: 101 Myrland Road Drive  
Hull Road  
York  
 Postcode: YO10 3UR Tel: -

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

Name & Title: ANDREW BARTO PROPRIETOR  
 Address: KINGSTON HOUSE  
1 THE GROVES  
POLKINGTON, EAST YORKSHIRE  
 Postcode: YO92 2XP Tel: -

Number of appliances tested: 2

APPLIANCE DETAILS				FLUE TESTS				INSPECTION DETAILS								
Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in boiler or burner kWh 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 Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1 <u>KITCHEN</u>	<u>Smeg C6000</u>	<u>Boiler</u>	<u>FL</u>	<u>19.5kW</u>	<u>YES</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>PASS</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>
2 <u>BATHROOM</u>	<u>York Valve G32</u>	<u>Boiler</u>	<u>BS</u>	<u>32kW</u>	<u>YES</u>	<u>NA</u>	<u>NA</u>	<u>6.114</u>	<u>6.114</u>	<u>YES</u>	<u>PASS</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>
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 Satisfactory Visual: Yes  No  Emergency Control Accessible: Yes  No  Satisfactory Gas Tightness Test: Yes  No  Equipment Bonding Satisfactory: Yes  No

**GIVE DETAILS OF ANY FAULTS****RECTIFICATION WORK CARRIED OUT**

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

**OTHER COMMENTS OR OBSERVATIONS****NEXT GAS SAFETY CHECK DUE BEFORE:****ISSUED BY (GAS ENGINEER)**

Print Name: R. Barnes Signed: [Signature]  
 Licence No: 589033 Issue Date: 24/11/25

**RECEIVED BY**

Received By: [Signature] Tenant/Agent/Landlord/Home Owner  
 Signed: [Signature] Print Name: [Name]

WARNING NOTICE ISSUED \* Yes/No/NA  
 WARNING TAG or LABEL FIXED Yes/No/NA

24/11/26