

Customer / Tenant / Pitch or Location: (delete as applicable)		Company details:	
Name:		Name: FOX CONTROLS	
Address: 39 HEDDLINGTON RD YORK		Address: 59 IRWIN AVE YORK	
Postcode: YO10 5AR		Postcode: YO31 7TW	
Tel No.:		Tel No. 0794114788	
Landlord / Letting Agent / Park: (delete as applicable)		Gas Safe Registration No. 196210	
Name: ZAR IQBAL		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.	
Address: 33 HEDDLINGTON RD YORK			
Postcode: YO10 5AR			
Tel No.:			

Type of Work done: (tick box)		Safety Check <input checked="" type="checkbox"/>	Installation <input type="checkbox"/>	Service <input type="checkbox"/>	Repairs <input type="checkbox"/>
Meter/Emergency Control Accessible? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Meter and Installation (visible) Pipework Satisfactory? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Installation Tightness Test Satisfactory? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Fuel Type: (tick box) Natural Gas <input checked="" type="checkbox"/> L.P.G. <input type="checkbox"/>	Is the Installation Safe to Use? (Yes/No) <input checked="" type="checkbox"/>
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Appliance Details:	Answer	1	2	3	4	5	6	
LOCATION		KITCHEN	KITCHEN	/				
OWNER		LLORD	LLORD.					
TYPE		COMBI	COOKER.					
MAKE		IDEAL	STOVES					
MODEL		LOGIC	STRATFORD					
FLUE TYPE	RS/OF/FL	RS.	FL					
FUEL TYPE	NG/LPG	NG	NG					
INSPECTED/SERVICED	I/S	Y	Y					
VENTILATION SATISFACTORY	Y/N/NA	Y	Y					
SAFETY CONTROL(S) WORKING	Y/N/NA	Y	Y					
FLUE TERMINATION SATISFACTORY	Y/N/NA	Y	NA					
FLUE VISUAL CHECK	P/F/NA	P.	NA					
FLUE FLOW SATISFACTORY	P/F/NA	NA	NA					
SPILLAGE TEST SATISFACTORY	P/F/NA	NA	NA					
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	20mbar	—					
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y	N					
ANALYSIS RESULT CO/CO ₂ RATIO	%	0.0016.	—					
APPLIANCE SAFE TO USE	Y/N	Y	Y					
WARNING LABEL ATTACHED	Y/N	N	N					
WARNING NOTICE ISSUED	Y/N	N	N					
REASON CODE - ID/AR/NCA								

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

I certify that the above work was carried out by myself on the (date of work done)		Date: 29.11.25
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) MICHAEL GILVER	Signed: (by Operative) <i>[Signature]</i>	Gas Safe Card Serial No. 29-11-25 581 8223
Customer Name: (in capitals)	Signed: (by Customer)	Number of Appliances Tested: 2.