GAS INSTALLATION / SAFETY RECORD

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.

Serial No. 4825344

~~Customer / Tenant / Pitch or~~ Location: (delete as applicable)

Name:

Address: 2 ALNE TERR YORK

Postcode YO10 5AW

Tel No.

Landlord / ~~Letting Agent / Park~~: (delete as applicable)

Name: ZAFF IQBAL

Address: 33 HESLINGTON RD.

Postcode YO10 5AW

Tel No.

Company details:

Name: FOSS CONTROLS

Address: 36 IRWIN AVE YORK

Postcode YO31 7TU

Tel No. 07711 164788

Gas Safe Registration No. 196210

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 (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) Yes

Appliance Details:	Answer	1	2	3	4	5	6
LOCATION		KITCHEN	KITCHEN				
OWNER		LLORD	LLORD				
TYPE		COMBI	HOB.				
MAKE		WORCESTER	ZANUSI				
MODEL		34 CDi	6 RING				
FLUE TYPE	RS/OF/FL	RS.	FL				
FUEL TYPE	NG/LPG	NG	NG				
INSPECTED / SERVICED	I/S	I	I				
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	20 mbar	—				
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y	N				
ANALYSIS RESULT CO/CO_2 RATIO	%	0.0006	—				
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		
2		
3		
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done)
The customer / tenant / landlord / responsible person has been informed of any faults/remedial work required to bring the installation up to standard.

Date: 29-11-25

Operative Name: (in capitals)	Signed: (by Operative)	Gas Safe Card Serial No.
MICHAEL GILLIES		581 8223
Customer Name: (in capitals)	Signed: (by Customer)	Number of Appliances Tested: 2

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

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NEXT SAFETY CHECK DUE WITHIN 12 MONTHS OF THE ABOVE DATE