

# GAS INSTALLATION / SAFETY RECORD

Serial No.

4825343

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.

<b>Customer / Tenant / Pitch or Location:</b> (delete as applicable)		<b>Company details:</b>	
Name:		Name: <u>FOSS CONTROLS</u>	
Address: <u>22 BLAKEN EY PLACE</u> <u>YORK</u>		Address: <u>59 IRWIN AVE</u> <u>YORK</u>	
Postcode: <u>YO10 3HZ</u>		Postcode: <u>YO31 7U</u>	
Tel No.:		Tel No. <u>0794 11 4288</u>	
<b>Landlord / Letting Agent / Park:</b> (delete as applicable)		<b>Gas Safe Registration No.</b> <u>196210</u>	
Name: <u>ZAR IQBAL</u>		<b>NB. To Customer, Tenant, Landlord or Responsible Person.</b> 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: <u>23 HEDINGTON RD</u> <u>YORK</u>			
Postcode: <u>YO10 5AG</u>			
Tel No.:			

<b>Type of Work done:</b> (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 checked="" type="checkbox"/> No <input type="checkbox"/>

<b>Fuel Type:</b> (tick box)	Natural Gas <input checked="" type="checkbox"/> L.P.G. <input type="checkbox"/>	<b>Is the Installation Safe to Use:</b> (Yes/No) <u>Yes</u>
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Appliance Details:	Answer	1	2	3	4	5	6
LOCATION		KITCHEN	BATH RM				
OWNER		LORD	WONCESTER				
TYPE		HOB	COMBI				
MAKE		ZANUSSI	LORD				
MODEL		GRINE	281				
FLUE TYPE	RS/OF/FL	FL	RS				
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	NA	Y				
FLUE VISUAL CHECK	P/F/NA	NA	P				
FLUE FLOW SATISFACTORY	P/F/NA	NA	NA				
SPILLAGE TEST SATISFACTORY	P/F/NA	NA	NA				
WORKING PRESSURE or HEAT INPUT	mbar, kW/h		14mbar				
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	N	Y				
ANALYSIS RESULT CO/CO <sub>2</sub> RATIO	%		0.00 15				
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		

<b>I certify that the above work was carried out by myself on the (date of work done)</b>		<b>Date:</b> <u>26-11-25</u>
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) <u>MICHAEL GUY</u>	Signed: (by Operative) <u>[Signature]</u>	Gas Safe Card Serial No. <u>581 8223</u>
Customer Name: (in capitals) <u>CHI</u>	Signed: (by Customer) <u>[Signature]</u>	Number of Appliances Tested: <u>2</u>