

# GAS SAFETY RECORD

This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were 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.

Name:	P O'NEILL	Gas Safe Register No:	598782
Address:	11 THE GRUBBS York	Gas Installer Ref. No.:	-
Post code:	YO24 3JF	Date of Issue:	29-09-11
Tel:	01592 608496	Time of Issue:	11:15
		Engineers Name: (print)	P. O'NEILL

## TENANT/HOME OWNER DETAILS

Tenant/Home Owner\* Name: \_\_\_\_\_  
 Property Address: 283 FIFTH AVENUE  
 Post Code: Y631 0PP York  
 Tel: \_\_\_\_\_  
 Tenant/Home Owner\* present during inspection: YES/NO

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: JONATHAN CAMPBELL  
 Address: 33 RILEY'S DRIVE York  
 Post Code: YO24 1DY  
 Tel: 61900 5566 39  
 Landlord/Agent\* present during inspection: YES/NO

1	2	3	4	5	APPLIANCE DETAILS				INSPECTION DETAILS				FLUE TEST				RESULTS				
					LOCATION	MAKE	MODEL	TYPE	Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation Yes/No	Ventilation Adequate Yes/No	CO Alarm fitted Yes/No	CO Alarm tested Pass/Fail	Flue Flow Test Pass/Fail	Spillage Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Performance Reading CO <sub>2</sub> CO <sub>2</sub> Ratio / CO <sub>2</sub> CO	Appliance Safe to Use Yes/No
1	2	3	4	5	BETHAM	LOGIC	C.H.B	RIS	-	29.4	YES	YES	YES	PASS	N/A	N/A	YES	PASS	0.0014	YES	YES
					WATSON	NOT	UNKNOWN	H O B	FILE	20.0	N/A	YES	YES	PASS	N/A	N/A	N/A	PASS	N/A	YES	YES

### DETAILS OF ANY FAULTS

### REMEDIAL ACTION TAKEN

### DETAILS OF WORK CARRIED OUT

LABEL & NOTICE Yes

Outcome of gas installation pipework visual inspection? **PASS / Fail / NA**  
 Outcome of gas supply pipework visual inspection? **PASS / Fail / NA**  
 Is the Emergency Control Valve access satisfactory? **PASS / Fail / NA**  
 Outcome of gas tightness test? **PASS / Fail / NA**  
 Is the Protective Equipotential bonding satisfactory? **PASS / Fail / NA**

This Safety Record is issued by Gas Installer: (SIGNED) *Pauline*  
 Received on behalf of Landlord / Home Owner: (SIGNED) \_\_\_\_\_  
 Tenant/Landlord/Agent/Home Owner\* \_\_\_\_\_  
 Number of appliances tested: 2/20  
 Date: 29-09-11

ATTN: Next check 29/10/11