

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.:	578784
Address:	17 MEENEAPS YORK	Gas Installer Ref. No.:	
Post code:	YO24 3AT	Date of Issue:	31-10-25
Tel:	07592608496	Time of Issue:	10:30
		Engineers Name: (print)	P. O'NEILL

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: 4 MULFORD COURT

MULFORD LANE YORK

Post Code YO10 3AN Tel: _____

Tenant/Home Owner* present during inspection YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: JOHN CAMPBELL

Address: 33 QUEEN DAVE YORK

Post Code YO24 1DY Tel: 07900 556639

Landlord/Agent* present during inspection YES/NO

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: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No
1 Bathroom	Wiersta	Jumon	C.H.B	PJS	-	22.9	Y	Y	Y	Pass	N/A	N/A	Y	Pass	0.0012	Y	Y
2 Kitchen	Knee	Master	C.R.R	FL	20.0	-	N/A	Y	Y	Pass	N/A	N/A	N/A	Pass	N/A	Y	Y
3																	
4																	
5																	
DETAILS OF ANY FAULTS					REMEDIAL ACTION TAKEN					DETAILS OF WORK CARRIED OUT					LABEL & WORK NOTICE IN		
1				1													Yes
2				2													
3				3													
4				4													
5				5													

DETAILS OF ANY FAULTS

REMEDIAL ACTION TAKEN

DETAILS OF WORK CARRIED OUT

LABEL & WORK
NOTICE

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) [Signature]

Received on behalf of Landlord / Home Owner: (SIGNED) _____

Tenant/Landlord/Agent/Home Owner* _____

Number of appliances tested: Two

Date: 31-10-25

ATTEN

Next sat

31/10

To re-order quote code 663010-NUM

Copies: White - Landlord/Agent/Home Owner

Green - Registered Gas Installer

Pink - Tenant

* delete as applicable

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ARC
HAR