

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.:	59878
Address:	17 THE CHURCH	Gas Installer Ref. No.:	
Post code:	YORK Y024 3NT	Date of Issue:	31-10-11
Tel:	01592608496	Time of Issue:	11:30
		Engineers Name: (print)	P O'NEILL

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:	
Property Address:	226 BUNTON STONE LANE
Post Code	Y030 6DV
Tel:	
Tenant/Home Owner* present during inspection	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name:	JOHN CAMPBELL
Address:	33 PUEYEN DRIVE
Post Code	Y024 1DY
Tel:	07900 556639
Landlord/Agent* present during inspection	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

APPLIANCE DETAILS					INSPECTION DETAILS					FLUE TEST					RESULT		
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 kitchen	IDEAL	EXCLUSIVE	C.H.B	RIS	-	23.2	YEA	YEA	YEA	Pass	N/A	N/A	YEA	Pass	0.0009	YEA	YEA
2 kitchen	HISANE	-	H.O.B	FLC	26.0	-	N/A	YEA	YEA	Pass	N/A	N/A	N/A	Pass	N/A	YEA	YEA
3																	
4																	
5																	
DETAILS OF ANY FAULTS					REMEDIAL ACTION TAKEN					DETAILS OF WORK CARRIED OUT					LABEL NOTE		
1				1													Yes
2				2													
3				3													
4				4													
5				5													

Outcome of gas installation pipework visual inspection?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Outcome of gas supply pipework visual inspection?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Is the Emergency Control Valve access satisfactory?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Outcome of gas tightness test?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Is the Protective Equipotential bonding satisfactory?	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA

This Safety Record is issued by Gas Installer: (SIGNED)	<i>John Campbell</i>	ATTN	
Received on behalf of Landlord / Home Owner: (SIGNED)		N	
Tenant/Landlord/Agent/Home Owner*		ch	
Number of appliances tested:	Two		3.1
Date:	31-10-25		

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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