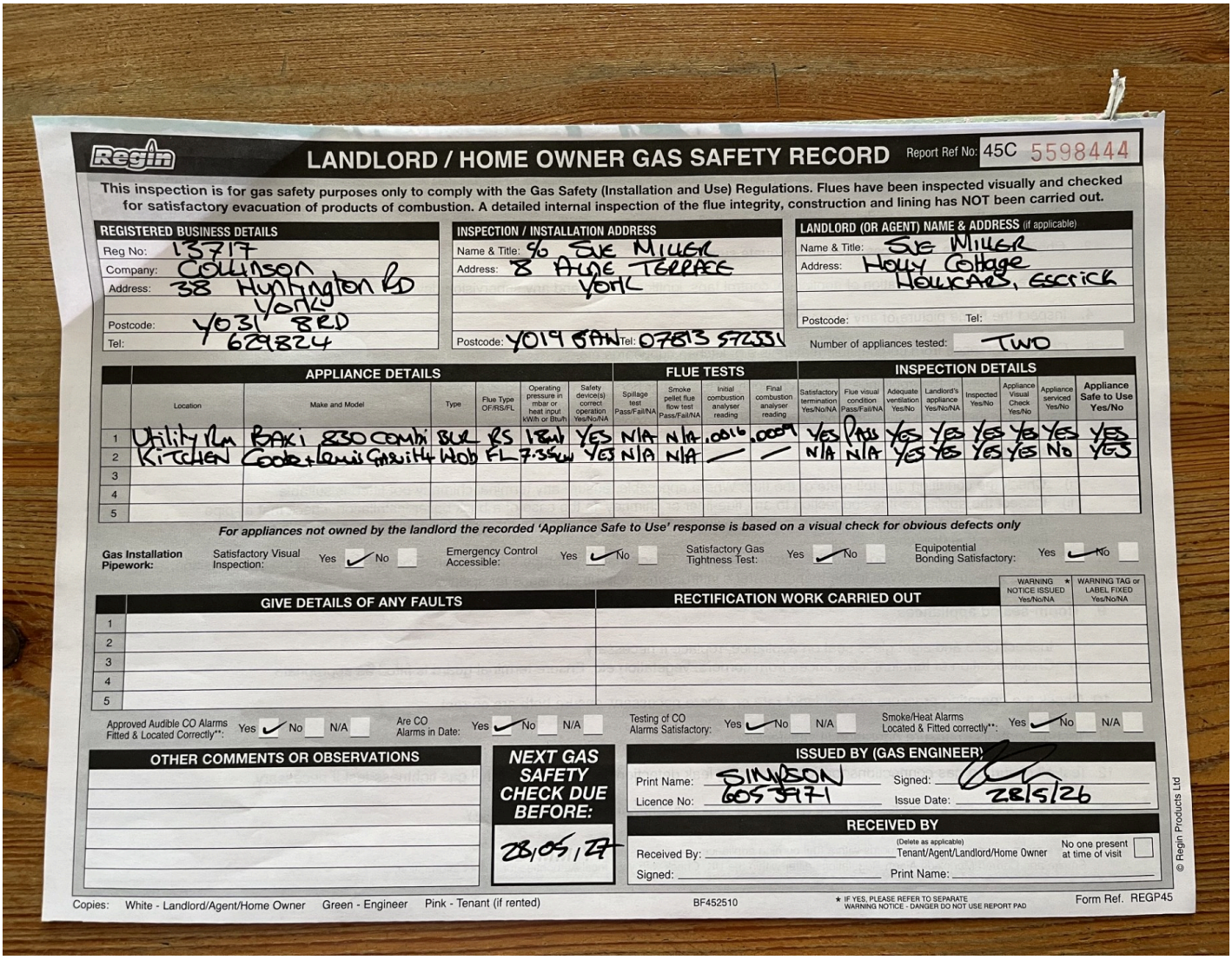
Outlook

(No subject)

From sue miller <sue.mil@hotmail.com>
Date Fri 12/06/2026 19:05
To sue miller <sue.mil@hotmail.com>



Regin

LANDLORD / HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 5598444

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been 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.

REGISTERED BUSINESS DETAILS

Reg No: 13717
Company: COLLINSON
Address: 38 Huntington Rd York
Postcode: YO31 8RD
Tel: 629824

INSPECTION / INSTALLATION ADDRESS

Name & Title: % SUE MILLER
Address: 8 AINE TERRACE YORK
Postcode: YO19 5AN Tel: 07813 572331

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)

Name & Title: SUE MILLER
Address: HOLLY COTTAGE HOLTKARS, ESCRICK
Postcode: Tel:

Number of appliances tested: TWO

	APPLIANCE DETAILS						FLUE TESTS				INSPECTION DETAILS							
	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kWh or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1	Utility Rm	BAXI 830 COMBI	BLR	RS	18kW	YES	N/A	N/A	.0016	.0009	YES	PASS	YES	YES	YES	YES	YES	YES
2	KITCHEN	COOKER LOUIS GAS HOB		FL	7.35kW	YES	N/A	N/A	—	—	N/A	N/A	YES	YES	YES	YES	NO	YES
3																		
4																		
5																		

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes ✓ No | Emergency Control Accessible: Yes ✓ No | Satisfactory Gas Tightness Test: Yes ✓ No | Equipotential Bonding Satisfactory: Yes ✓ No

	GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT	WARNING NOTICE ISSUED Yes/No/NA	★ WARNING TAG or LABEL FIXED Yes/No/NA
1				
2				
3				
4				
5				

Approved Audible CO Alarms Fitted & Located Correctly**: Yes ✓ No N/A | Are CO Alarms in Date: Yes ✓ No N/A | Testing of CO Alarms Satisfactory: Yes ✓ No N/A | Smoke/Heat Alarms Located & Fitted correctly**: Yes ✓ No N/A

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE: 28/05/27

ISSUED BY (GAS ENGINEER)

Print Name: SIMPSON Signed: [signature]
Licence No: 605971 Issue Date: 28/5/26

RECEIVED BY

Received By: _____ (Delete as applicable) Tenant/Agent/Landlord/Home Owner — No one present at time of visit ☐
Signed: _____ Print Name: _____

Copies: White - Landlord/Agent/Home Owner Green - Engineer Pink - Tenant (if rented)

BF452510

★ IF YES, PLEASE REFER TO SEPARATE WARNING NOTICE - DANGER DO NOT USE REPORT PAD

Form Ref. REGP45

MAINTENANCE/SERVICE CHECK LIST

Report Ref No: 65C 4039470

Do not use this form as a Landlord's Gas Safety Record

INSPECTION ADDRESS

Name: Mr & Mrs MILLER
Address: 40 ALNE TERRACE, YORK
Postcode: YO19 5AW
Tel No.: 07813 572 331

Rented accommodation: YES ☑ NO ☐

Work Description: Routine Service ☑ Call Out ☐

ENGINEER DETAILS

Gas Engineer: G SIMPSON
Gas Safe registered engineer No: 605 3971

REGISTERED BUSINESS DETAILS

Company: COLLINSON
Gas Safe Register No: 13477
Address: 38 HUNTINGTON RD, YORK
Postcode: YO31 8RD Tel No: 629824

APPLIANCE DETAILS

Make	BAXI
Type	BPL
Model	830 COMBI
Location	UTILITY ROOM

COMMENTS

APPLIANCE CHECKS	YES	NO	N/A	DEFECT FOUND / REMEDIAL ACTION TAKEN
Heat exchanger	✓			
Burner / injectors	✓			
Flame picture	✓			
Ignition	✓			
Electrics	✓			
Controls	✓			
Leaks gas / water	✓			
Gas connections	✓			
Seals	✓			
Pipework	✓			
Fans	✓			
Fireplace			✓	
Closure plate & PRS10 tape			✓	
Allowable location	✓			
Stability	✓			
Return air / Plenum	✓			

SAFETY CHECKS	YES	NO	N/A	DEFECT FOUND / REMEDIAL ACTION TAKEN
Ventilation	✓			
Flue Termination	✓			
Smoke pellet flue flow test			✓	
Smoke match spillage test			✓	
Working pressure	✓			18 mbar
Safety device	✓			
Other (Regulations etc.)	✓			
Gas Tightness Test Performed?	✓			PASS OR FAIL? PASS

FINDINGS

	YES	NO
Is the installation and appliance safe to use?	YES	
If NO has warning notice been raised and warning labels or stickers attached?		
Has the installation been carried out to the relevant standard/manufacturers instructions?	YES	

Necessary remedial work required: (see 'findings' overleaf)

MAGNETIC FILTER CLEANED

F.G.A. Min: CO 9.5%, CO ppm 23, RATIO: .0002
Max: CO 10.1%, CO ppm 92, RATIO: .0009

Customer's signature: _____ Print name: _____ Date: _____

Engineer's signature: [signature] Print name: SIMPSON Date: 28/5/26

Copies: White Copy - Customer Green Copy - Engineer

Form Ref: REGP65

BF652601

Sent from my iPhone