LANDLORD / HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 6114115

...n is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and checked ...ctory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

...SINESS DETAILS

...43682
...RKETT PYM
...7 fenclose
...York
...6032 9PA
...9 x 332746

INSPECTION / INSTALLATION ADDRESS

Name & Title: Hanson

Address: 17 Eastfield Av
Badger Hill
York

Postcode: YO10 5HZ Tel:

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

Name & Title: Hanson

Address: 11 Hewington Rd

Postcode: YO32 5QB Tel:

Number of appliances tested: 02

APPLIANCE DETAILS						FLUE TESTS				INSPECTION DETAILS							
Location	Make and Model	Type	Flue Type (RS/BF/FL)	Operating pressure in mbar or heat input kW/h 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
Kitchen	Ideal Logic Combi 35	Wall	RS	22	YES	N/A	N/A	0.0004	0.0005	YES	Pass	YES	YES	YES	YES	YES	YES
Kitchen	Hostess	Combi	F/L	20	YES	N/A	N/A	—	—	N/A	N/A	YES	YES	YES	YES	YES	YES

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

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

Audible CO Alarm tested 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: DD / MM / YY

ISSUED BY (GAS ENGINEER)

Print Name:

Licence No:

Signed:

Issue Date:

* Delete - Landlord/Agent/Home Owner