CRAIG BELL LTD PLUMBING & HEATING

LANDLORD/HOME OWNERS GAS SAFETY RECORD

10 MILLFEILD AVE, YORK, YO10 3AB, TEL- 07951419414
LICENCE NO. 5877047 REGISTRATION NO. 302755

THIS INSPECTION IS FOR GAS SAFETY PURPOSES ONLY TO COMPLYWITH THE GAS SAETY (INSTALLATION & USE REGULATIONS. FLUES HAVE BEEN INSPECTED & CHECKED FOR SATISFACTORY EVACUATION OF PRODUCTS OF COMBUSTION. A DETAILED INSPECTION OF THE FLUE INTEGRITY, CONSTRUCTION AND LINING HAS NOT BEEN CARRIED OUT

I CERTIFY THAT I CARRIED OUT INSPECTIONS ON THE APPLIANCES DETAILED BELOW
SIGNED  **INSPECTION DATE 01-07-26**

INSPECTION/ INSTALLATION DETAILS	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)
NAME & TITLE: OCCUPIERS	**NAME & TITLE:** MR MARK SMITH
ADDRESS: 29 FRANCES ST, FULFORD, YORK	**ADDRESS:** RAWCLIFFE LODGE, SHIPTON RD, YORK
POST CODE: **TEL:**	**POST CODE:** **TEL:**

	APPLIANCE DETAILS							FLUE TESTS		INSPECTION DETAILS						
	LOCATION	MAKE	MODEL	TYPE	FLUE TYPE OF/RS/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/N A	COMBUSTION ANALYSER READING IF APLLICABLE	SATISFACTO RY TERMINATI ON YES/NO/NA	FLUE VISUAL CONDITON PASS/FAIL/ NA	ADAQUA TE VENTILA TION YES/NO	LANDLORD S APPLIANCE YES/NO/N A	INSPECT ED YES/NO	APPLAICANC E SERVICED YES/NO
1	KITCHEN	IDEAL	INSTINCT 2	CBI	RS	35KW	Y	NA	NA	9.0	Y	P	Y	Y	Y	N
2																
3																
4																
5																

GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT / WARNING NOTICE/ STICKER ISSUED

NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

SATISFACTORY VISUAL INSPECTION:	Y	EMERGENCY CONTROL ACCESSIBLE:	Y	SATISFACTORY GAS TIGHTNESS TEST:	Y	EQUIPOTENTIAL BONDING SATISFACTORY:	Y

RECORD ISSUED BY: signed:-  **print:-** CRAIG BELL **date:- 01/07/26** **RECEIVED BY: signed:-** **date:-** **NUMBER OF APPLIANCES TESTED: ONE**

KEY:- Y – YES N – NO P – PASS F – FAIL

CERTIFICATE SERIAL NUMBER:- BELL805