GAS INSTALLATION / SAFETY RECORD

The work recorded on this form should be carried out by a competent, registered gas engineer/operative in accordance with the current Gas Safety (Installation & Use) Regulations, Building Regulations and any manufacturers instructions.

Serial No. 4832773

Customer / Tenant / Pitch or Location: (delete as applicable)

Name:

Address: 19 MELBOURNE ST YORK

Postcode YO10 5AQ

Tel No.

Company details:

Name: FOSS CONTROLS

Address: 59 IRWIN AVE YORK

Postcode YO31 7TU

Tel No. 07941114788

Gas Safe Registration No. 196210

Landlord / Letting Agent / Park: (delete as applicable)

Name: ZAF IQBAL

Address: 33A HESLINGTON RD YORK

Postcode YO10 5AR

Tel No. 07951 455 655

NB. To Customer, Tenant, Landlord or Responsible Person.

It is important that the company details above and the **Gas Safe** registration number are filled in by the gas engineer/operative working on site.

Gas Safe may be contacted to check registration, ask the attending gas engineer/operative for the **Gas Safe** contact telephone number.

Type of Work done: (tick box) Safety Check ☑ Installation ☐ Service ☐ Repairs ☐

Meter/Emergency Control Accessible? Yes ☑ No ☐

Gas Meter and Installation (visible) Pipework Satisfactory? Yes ☑ No ☐

Gas Installation Tightness Test Satisfactory? Yes ☑ No ☐

Fuel Type: (tick box) Natural Gas ☑ L.P.G. ☐

Is the Installation Safe to Use? (Yes) (No)

Appliance Details:	Answer	1	2	3	4	5	6
CATION		LANDING OF	KITCHEN				
NER		LLORD.	LLORD				
E		COMBI	HOB.				
KE		WORCESTER	SS				
DEL		32CDI	5 RING				
E TYPE	RS/OF/FL	RS.	FL				
TYPE	NG/LPG	NG	NG				
ECTED/SERVICED	I/S	I	I				
ILATION SATISFACTORY	Y/N/NA	Y	Y				
TY CONTROL(S) WORKING	Y/N/NA	Y	Y				
TERMINATION SATISFACTORY	Y/N/NA	Y	NA				
VISUAL CHECK	P/F/NA	Y	NA				
LOW SATISFACTORY	P/F/NA	P.	NA				
GE TEST SATISFACTORY	P/F/NA	NA	NA				
NG PRESSURE or HEAT INPUT	mbar, kW/h	NA	NA				
AS ANALYSIS PERFORMED	Y/N/NA	20mbar	—				
IS RESULT CO/CO2 RATIO	%	0.0004	NA				
NCE SAFE TO USE	Y/N	Y	Y				
G LABEL ATTACHED	Y/N	N	N				
G NOTICE ISSUED	Y/N	N	N				
CODE - ID/AR/NCA		—	—				

nce	Details of any faults/remedial work required:	Details of any work carried out:
	LB HOB RING STUCK OFF	SERVICE BOILER

hat the above work was carried out by myself on the (date of work done)

/ tenant / landlord / responsible person has been informed of any faults/remedial work required to bring the installation up to standard.

Date: 19-6-26.

Name: (in capitals) AEL GILLIES

Signed: (by Operative) [signature] 601358

Gas Safe Card Serial No. ~~07865 081333~~

Name: (in capitals)

Signed: (by Customer)

Number of Appliances Tested: 2

y to Customer or Landlord. Blue copy to Tenant. Pi