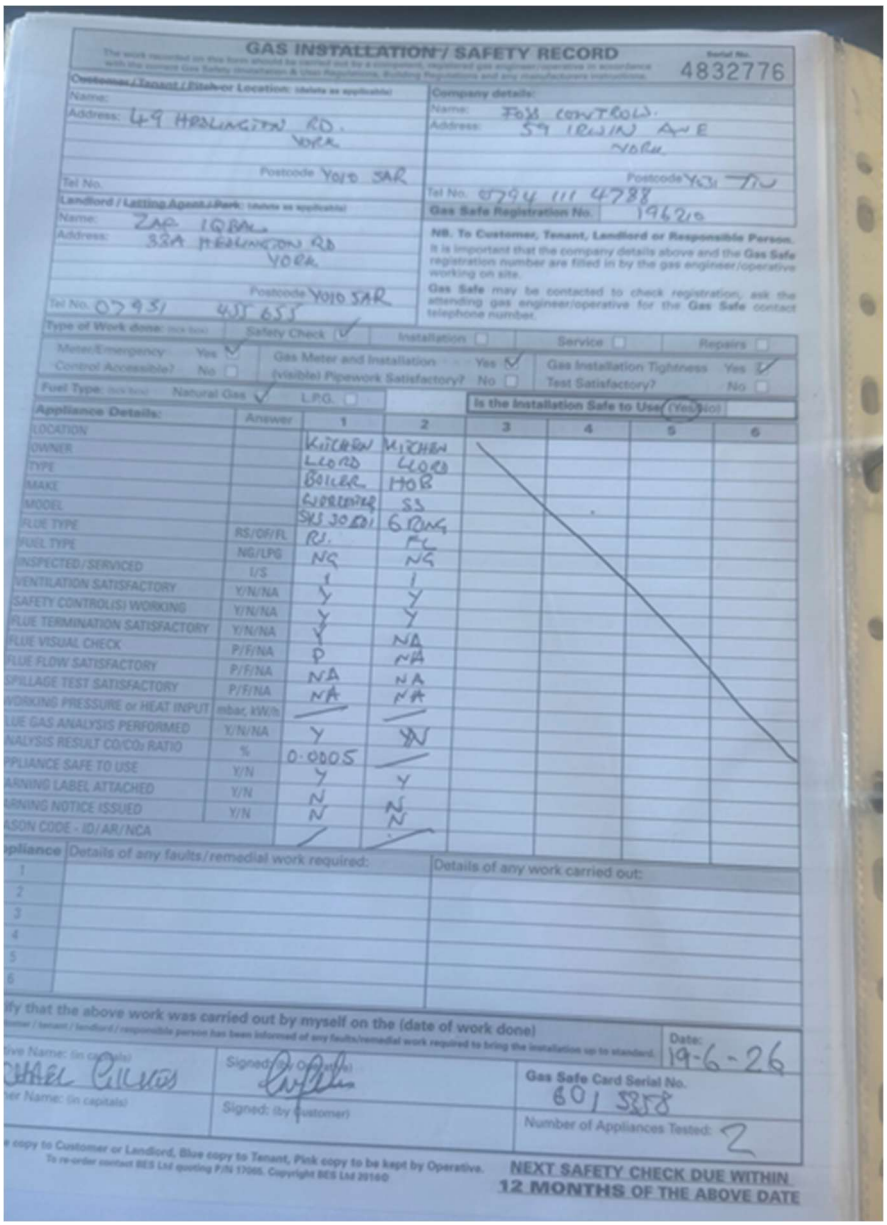

GAS INSTALLATION / SAFETY RECORD

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. 4832776

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

Name:

Address: 49 HEDLINGTON RD. YORK

Postcode YO10 5AR

Tel No.

Company details:

Name: FOSS CONTROLS.

Address: 59 IRWIN AVE YORK

Postcode YO31 7TU

Tel No. 0794 111 4788

Gas Safe Registration No. 196210

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

Name: ZAP IQBAL

Address: 33A HEDLINGTON 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
LOCATION		KITCHEN	KITCHEN				
OWNER		LLORD	LLORD				
TYPE		BOILER	HOB				
MAKE		WORCESTER	SS				
MODEL		SKS 30 E01	6 RING				
FLUE TYPE	RS/OF/FL	RS.	FL				
FUEL TYPE	NG/LPG	NG	NG				
INSPECTED/SERVICED	I/S	I	I				
VENTILATION SATISFACTORY	Y/N/NA	Y	Y				
SAFETY CONTROL(S) WORKING	Y/N/NA	Y	Y				
FLUE TERMINATION SATISFACTORY	Y/N/NA	Y	NA				
FLUE VISUAL CHECK	P/F/NA	P	NA				
FLUE FLOW SATISFACTORY	P/F/NA	NA	NA				
SPILLAGE TEST SATISFACTORY	P/F/NA	NA	NA				
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	—	—				
LUE GAS ANALYSIS PERFORMED	Y/N/NA	Y	N				
NALYSIS RESULT CO/CO2 RATIO	%	0.0005	—				
PPLIANCE SAFE TO USE	Y/N	Y	Y				
ARNING LABEL ATTACHED	Y/N	N	N				
ARNING NOTICE ISSUED	Y/N	N	N				
ASON CODE - ID/AR/NCA		—	—				

pliance	Details of any faults/remedial work required:	Details of any work carried out:
1		
2		
3		
4		
5		
6		

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

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

Date: 19-6-26

ive Name: (in capitals) CHAEL GILKES

Signed: (by Operative) [signature]

Gas Safe Card Serial No. 601 5358

er Name: (in capitals)

Signed: (by Customer)

Number of Appliances Tested: 2

e copy to Customer or Landlord, Blue copy to Tenant, Pink copy to be kept by Operative.

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NEXT SAFETY CHECK DUE WITHIN 12 MONTHS OF THE ABOVE DATE