LANDLORD / HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 6849341

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: 589083
Company: ROB BARRON PLUMBING + HEATING
Address: 8 RYECROFT CLOSE
STOCKTON ON. YORK.
Postcode: YO31 1HY
Tel: 0785 2222215

INSPECTION / INSTALLATION ADDRESS

Name & Title: —
Address: 19 CYCLE ST.
HUM ROAD
YORK.
Postcode: YO10 3LJ Tel: —

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

Name & Title: HARRIS RENTED PROPERTIES
Address: KINGFISHER HOUSE
1 THE GROVES
POCKLINGTON EAST YORKSHIRE
Postcode: YO42 2XP Tel:

Number of appliances tested: 2

APPLIANCE DETAILS / FLUE TESTS / INSPECTION DETAILS

	Location	Make and 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/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	KITCHEN	IDEAL LOGIC MAX C30	COMBI	RS	30kW	YES	NA	NA	CO 110	CO 110	YES	PASS	YES	YES	YES	YES	YES	YES
2	KITCHEN	STAINLESS STEEL	HOB	FL	19.5mb	YES	NA	NA	NA	NA	NA	NA	YES	YES	YES	YES	YES	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:

24/11/27

ISSUED BY (GAS ENGINEER)

Print Name: R. Barron
Licence No: 589033
Signed:
Date of Inspection: 24/11/26

RECEIVED BY

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

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

BF452609

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

Form Ref. REGP45