

LANDLORD/HOME OWNER GAS SAFETY RECORD

GAS INSTALLER: (Trading Title) *Corn. Robinson*

Name: *C. Robinson* Gas Safe Register No: *157004*

Address: *7. Wimpole way* Gas Installer Ref. No.: *A.B.*

Post code: *CU20 5PB* Date of Issue: *31/12/19*

Tel: *479060* Engineers Name: (print) *C. ROBINSON*

This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were 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.

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: *3. Grace Street* *YORK*

Post Code _____ Tel: _____

Tenant/Home Owner* present during inspection YES/NO _____

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: *ADAM BURNETT'S CATERING*

Address: *58, GUYBATE YORK*

Post Code _____ Tel: *01161*

Landlord/Agent* present during inspection YES/NO _____

APPLIANCE DETAILS			INSPECTION DETAILS				FLUE TEST				RESULTS						
LOCATION	MAKE	MODEL	TYPE	Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation Yes/No	Ventilation Adequate Yes/No	CO Alarm tested (if fitted) Yes/No	Flue Flow Test Pass/Fail	Spillage Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Performance CO ₁ / CO ₂ CO Ratio	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	<i>Worcester Bosch</i>	<i>2000</i>	<i>HE</i>	<i>RS</i>	<i>20</i>	<i>19</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>PASS</i>	<i>YES</i>	<i>YES</i>	<i>PASS</i>	<i>9.00/9.99</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>
2	<i>Worcester Bosch</i>	<i>4000</i>	<i>HE</i>	<i>FC</i>	<i>19</i>	<i>19</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>PASS</i>	<i>YES</i>	<i>YES</i>	<i>PASS</i>	<i>N/A</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>
3																	
4																	
5																	

REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1				Yes	NO
2	<i>Gas lid on hob not attached</i>	<i>REPAIRERS LTD</i>	<i>REPAIRS DONE</i>		
3	<i>NO LIMITED WARRANTY</i>	<i>PARIS REPAIRS LTD</i>	<i>REPAIRS DONE</i>		
4					
5					

Outcome of gas installation pipework visual inspection? *Pass / Fail / NA*

Outcome of gas supply pipework visual inspection? *Pass / Fail / NA*

Is the Emergency Control Valve access satisfactory? *Pass / Fail / NA*

Outcome of gas tightness test? *Pass / Fail / NA*

Is the Protective Equipotential bonding satisfactory? *Pass / Fail / NA*

This Safety Record is issued by Gas Installer: (SIGNED) _____

Received on behalf of Landlord / Home Owner: (SIGNED) _____

Tenant/Landlord/Agent/Home Owner* _____

Number of appliances tested: *2*

Date: *31/12/19*

Next Gas Safety Check Due Within 12 Months _____