



# DP COMPLETE PLUMBING LANDLORD/HOMEOWNER GAS SAFETY RECORD



Serial No  
**JB714781**

Registered Engineer details can be checked at [www.gasregister.co.uk](http://www.gasregister.co.uk) or by calling 0800 408 5500.

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Gas safe is a registered trade mark of HSE and is used under licence.

**Details of Registered Business**

Gas Safe Register No **915621**  
 Registered Engineer's Name **DANIEL PERRY**  
 Gas Safe Register Licence Number **5398467**  
 Business **DP COMPLETE PLUMBING**  
 Address **4 FAWKES DRIVE**  
**YORK, NORTH YORKSHIRE**  
 Postcode **YO26 5QE**  
 Contact No **07886 137 704**

**Details of Site**

Name (Mr/Mrs/Miss/Ms) **JA HEAWORTH VILAGE**  
 Address **YORK**  
 Postcode **YO31 1AE**  
 Contact No

**Details of Customer/Landlord** (for agent where appropriate)

Name (Mr/Mrs/Miss/Ms) **STEVE**  
 Address **113 EAST PARADE**  
 Postcode  
 Contact No

**Number of Appliances tested** **2**

select as appropriate and relevant

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**  
 Outcome of gas tightness test? **Pass / Fail / NA**  
 Is the Protective Equipotential bonding satisfactory? **Pass / Fail**

**Appliance Details**

Location of	Type	Manufacturer	Model	Owned by Landlord/Homeowner?	Inspected Yes/No	Type of flue
KITCHEN	COMBI HOBB	WORCESTER LAMONA	30CDI LAM1001	YES	YES	PS
KITCHEN				YES	YES	FL

**Inspection Details**

Operating pressure in boiler and/or hot water cylinder	Operation of safety device(s)	Ventilation satisfactory	Visual condition of flue and termination	Flue operation checks	Combustion analyser reading (if applicable)	Appliance serviced	SAFE TO USE	Optional CO/Smoke Alarm Test Details	
								Requested to test	Smoke Alarm
29.70	PASS	YES	PASS	Pass/Fail/NA	ppm 5.3 R.0005	YES	YES	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.90	PASS	YES	NA	NA	NA	NO	NO		

CO Alarm: Tested  (if fitted) Location: **KITCHEN**

Smoke Alarm: (if fitted) Location: Tested  Yes  No

**Safety Related Defect(s) Identified**

1 **GAS PIPE NOT SCREENED**

2

3

4

**Remedial Action Taken** numbering should correspond to defects above.  
**CLEANED TRAP, TOPPED PRESSURE VESSEL**

**Details of Work carried out**

**CLEANED TRAP, TOPPED PRESSURE VESSEL**

1

2

3

4

**Warning/Advisory Record** insert form serial No

Classification eg. AR, ID

\* Refer to separate Warning/Advisory Record

**ATTENTION**

Next safety check due by: **20.12.24**

Record Issued by: Signature **DANIEL PERRY**  
 Print Name  
 Received by: Signature  
 Date appliance(s)/flue(s) checked **20.12.2023**