

Serial No
JB714782

Registered Business/engineer details can be checked at www.gasregister.co.uk or by calling 0800 406 5500.



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) _____
 Address **8 GLAISBY COURT**
YORK
 Postcode **YO24 1AR**
 Contact No _____

Details of Customer/Landlord (for agent where appropriate)
 Name (Mr/Mrs/Miss/Ms) **STEVE**
 Address **422 EAST PARADE**
YORK
 Postcode **YO21 7YD**
 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 Equipment bonding satisfactory? **Pass / Fail**

Do not forget to re-order your pads using reference GSR LGSR PAD2 at www.gassafetystore.co.uk

DP COMPLETE PLUMBING LANDLORD/HOMEOWNER GAS SAFETY RECORD

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.



| Appliance Details | | | | | |
|-------------------|--------------------|--------------|------------|--|--------------|
| Location of | Type | Manufacturer | Model | Inscribed by Landlord/homeowner Yes/No | Type of flue |
| 1 | LOWIE CURR. COULRI | IDEAL | LOGIC TC30 | YES | BS |
| 2 | KITCHEN HOB | LAMONA | LAM1001 | YES | FL |
| 3 | | | | | |
| 4 | | | | | |

| Inspection Details | | | | | Optional CO/Smoke Alarm Test Details | | | | |
|--------------------|---------------------|--------|----------------------|--------|--------------------------------------|---------------------|--------|----------------------|--------|
| Requested to test | CO Alarm | | Smoke Alarm | | Requested to test | CO Alarm | | Smoke Alarm | |
| | (if fixed) Location | Tested | (if fitted) Location | Tested | | (if fixed) Location | Tested | (if fitted) Location | Tested |
| 1 | 22-86 | PASS | NA | NA | LOUNGE | Pass | Fail | Pass | Fail |
| 2 | 6-38 | PASS | NA | NA | | Pass | Fail | Pass | Fail |
| 3 | | | | | | Pass | Fail | Pass | Fail |
| 4 | | | | | | Pass | Fail | Pass | Fail |

Safety Related Defect(s) Identified
 1 _____
 2 _____
 3 _____
 4 _____

Remedial Action Taken numbering should correspond to defects above.
 1 _____
 2 _____
 3 _____
 4 _____

Details of Work carried out
CLEANED TRAY CLEANED FILTER, TOPPED UP PRESSURE VALVE

GI/SP classification eg. AR, ID _____
 Warning/Advisory Record insert form serial No* _____

Record issued by: Signature _____
 Print Name **D. PERRY**
 Received by: Signature _____
 Date appliance(s)/flue(s) checked **20.11.2023**

ATTENTION
 Next safety check due by: **20.11.24**

Top Copy - Landlord/Homeowner/Managing Agent Green Copy - Tenant Yellow Copy - Registered Business