Serial No
JB782779

Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.

HEATING SOLUTIONS

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.

Details of Registered Business

Gas Safe Register No: 915621
Registered Engineer's Name: DANIEL PERRY
Gas Safe Register Licence Number: 5606195
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: FLAT 4, 24 BARBICAN ROAD
YORK
Postcode: YO10 5AA
Contact No

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms): QUANTUM
Address: 6-8 WALMGATE
YORK
Postcode: YO1 9TJ
Contact No

Number of Appliances tested: 1

Appliance Details

	Location of	Type	Manufacturer	Model	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1	KITCHEN	COMBI	IDEAL	LOGIC MAX 30C	YES	YES	RS
2							
3							
4							

Inspection Details

	Operating pressure in mbar and/ or heat input kW/h or Btu/h	Operation of safety device(s) Pass/Fail/NA	Ventilation satisfactory Yes/No	Visual condition of flue and termination Pass/Fail/NA	Flue operation checks Pass/Fail/NA	Combustion analyser reading (if applicable) ppm / ratio	Appliance serviced Yes/No	SAFE TO USE Yes/No
1	30/35	PASS	YES	FAIL	NA	R 0.0012	YES	YES
2								
3								
4								

Optional CO/Smoke Alarm Test Details

Requested to test: Yes ☑ No ☐

CO Alarm (if fitted) Location	CO Alarm Tested	Smoke Alarm (if fitted) Location	Smoke Alarm Tested
KIT	Pass ☐ Fail ☐		Pass ☐ Fail ☐
	Pass ☐ Fail ☐		Pass ☐ Fail ☐
	Pass ☐ Fail ☐		Pass ☐ Fail ☐
	Pass ☐ Fail ☐		Pass ☐ Fail ☐

Safety Related Defect(s) Identified

	Safety Related Defect(s) Identified	GIUSP classification eg. AR, ID	Warning/Advisory Record insert form serial No*
1	FLUE NOT MADE GOOD INSIDE		
2			
3			
4			

Remedial Action Taken numbering should correspond to defects above.

1	
2	
3	
4	

Details of Work carried out

CLEANED TRAP, CLEANED C.H. FILTER, TOPPED VESSEL

* Refer to separate Warning/Advisory Record

	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

Record issued by: Signature
Print Name: DANIEL PERRY
Received by: Signature (Tenant/Landlord/Homeowner/Agent)
Date appliance(s)/flue(s) checked: 6.11.2024

ATTENTION
Next safety check due by:
6.11.25
See Notes A and B

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

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

Version 12