

Serial No

JB886553



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

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 **5791173**

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 **1A HEAWORTH VILLAGE**
YORK

Postcode **YO3 1AE**

Contact No

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) **SAFE STUDENT LET**

Address **123 EAST PARADE**
YORK

Postcode **YO3 1 7YD**

Contact No

Number of Appliances tested **2**

Appliance Details							
	Location of	Type	Manufacturer	Model	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1	KITCHEN	COMBI	WORCESTER	30 CPI	YES	YES	RS
2	KITCHEN	HOB	LAMONA	LAM 1001	YES	YES	FL
3							
4							

Inspection Details								Optional CO/Smoke Alarm Test 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 %	Appliance serviced Yes/No	SAFE TO USE Yes/No	Requested to test Yes <input type="checkbox"/> No <input type="checkbox"/>			
									CO Alarm		Smoke Alarm	
									(if fitted) Location	Tested	(if fitted) Location	Tested
1	19.67	PASS	YES	PASS	NA	ppm 7.8 % 8.7	YES	YES	YES	Pass <input type="checkbox"/> Fail <input type="checkbox"/>		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2	6.38	PASS	YES	NA	NA	NA	NO	YES	YES	Pass <input type="checkbox"/> Fail <input type="checkbox"/>		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
3										Pass <input type="checkbox"/> Fail <input type="checkbox"/>		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
4										Pass <input type="checkbox"/> Fail <input type="checkbox"/>		Pass <input type="checkbox"/> Fail <input type="checkbox"/>

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

Remedial Action Taken numbering should correspond to defects above.

1
2
3
4

Details of Work carried out

* 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 **D. PERRY**

Received by: Signature _____

Date appliance(s)/flue(s) checked **15.12.2025**

Tenant/Landlord/Homeowner/Agent

ATTENTION

Next safety check due by **20.12.26**

See Notes A and B