JB782814

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) Regulation.

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.

| Safe: |
|-------|
|-------|

| hy calling 0800 408 5500. | | | | | | | | Gas safe is a registered trade mark of HSE and is used under licence | ered trade mark of | f HSE and is us | ed under licence |
|--|---|---------------------------------|----------------------------|-------------------|--------------------------------|---|-------------|--|--------------------------------------|---|--|
| Details of Registered Business | | | | Ą | Appliance Details | 3 | | | | | |
| Gas Safe Register No 915621 | Location of | Туре | | Manufacturer | urer . | | Model | Land | Owned by Landlord/Homeowner | Q. | Type of flue |
| Registered Engineer's Name DANIEL PERRY | | 1210 | - - 2 | > | | | ' | / | Yes/No | Yes/No | 7 |
| umber | である。 | T (2) | >- | | | \r\c\c\c\c\c\c\c\c\c\c\c\c\c\c\c\c\c\c\ | | | N | \$ i | Ú, K |
| OMPLETE PL | 7 | | \$ | 1 | | 1 | | | (| 7 | • |
| Address 4 FAWKES DRIVE | 4 | | | | | | | | | | |
| YORK, NORTH YORKSHIRE | | | Inspection Details | Details | | | | Optional (| Optional CO/Smoke Alarm Test Details | Alarm Te | st Details |
| Postcode YO26 5QE | | n Ventilation y satisfactory | Visual condition | Flue operation | Combustion analyser reading | Appliance serviced | SAFE TO USE | Requested to test | o test | á | Yes No |
| Contact No 07886 137 704 | or heat input | | of flue and termination | checks | (if applicable) | | | CO Alarm | | Smoke | Smoke Alarm |
| フェナー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・ | bruh Pass/Fail/NA | NA Yes/No | Pass/Fail/NA | Pass/Fail/NA | × | Yes/No | Yes/No | (if fitted) | Tested | (if fitted) | Tested |
| Details of site | - 45-14 PAS | SYES | SSVA | N | ලි රුණු | (NY | 16 5 | short? | Pass Fet | | Pass Fall |
| Maile Mily Missing Of AICOV CAST | 2 6.38 WE | 765 | 47 | NA | 40 | 20 | 59 Y | | Pass Fail | | Pase Fall |
| _ | ω | | | | | | | | Poss Fail | | Pass Fall |
| | 4 | | | | | | | | Pass Fait | | Pass Fail |
| | Safety Related Defect(s) Identified | ct(s) Identifie | o. | | | | egi GEO | GIUSP classification eg. AR, ID | | Warning/Advisory Reinsert form serial No* | Warning/Advisory Record insert form serial No* |
| Postcode YOS1 1/15 Contact No | 3 2 - | | | | | | | | | | |
| Details of Customer/Landlord (or agent where appropriate) Name (Mr/Mrs/Miss/Ms) ATT OAR ALX OAR ALX | Remedial Action Taken numbering should correspond to defects above. | en numbering sh | ould correspo | nd to defects a | above. | | | | | | |
| XXX | ν ω | | | | | | | | | | |
| Postcode VO3 (7YD | Details of Work carried out | ed out | | | | | | | | | |
| Contact No | | | | | | | | | | | |
| Number of Appliances tested 2 | | | | | | | | | * Refer to separ | ate Warning/A | Refer to separate Warning/Advisory Record |

Is the Emergency Control Valve access satisfactory? Outcome of gas supply pipework visual inspection? Outcome of gas installation pipework visual inspection?

> elect as appropriate and relevant Pasy/Fail/NA

Record issued by: Signature

Refer to separate Warning/Advisory Record

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ATTENTION Next safety

Is the Protective Equipotential bonding satisfactory?

Outcome of gas tightness test?

/Faji/NA

Date appliance(s)/flue(s) checked

Top Copy - Landlord/Homeowner/Managing Agent Green Copy - Tenant

Yellow Copy - Registered Business

Received by: Signature

Print Name

Ras} / Fail Fail / NA

Version 12