

Serial No
JB886552

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 **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 **18 REDGRAVE CLOSE**

HEWORTH

YORK

Postcode **YO31 8SX**

Contact No

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) **S. ACKROUD**

Address **123 EAST PARADE**

YORK

Postcode **YO31 7YD**

Contact No

Number of Appliances tested **2**

Appliance Details						
	Location of	Type	Manufacturer	Model	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No
1	KITCHEN	SYSTEM	IDEAL	LOGIC HEAT 18	YES	YES
2	KITCHEN	HOB	ZANUSSI	ZGL 62 IX	YES	YES
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)	Ventilation satisfactory	Visual condition of flue and termination	Flue operation checks	Combustion analyser reading (if applicable)	Appliance serviced	SAFE TO USE	Requested to test		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Pass/Fail/NA	Yes/No	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA		Yes/No	Yes/No	CO Alarm		
									(if fitted) Location	Tested	
1	20mbar	PASS	YES	PASS	NA	20.0008	YES	YES	PASS	<input checked="" type="checkbox"/>	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>
2	6.38	PASS	YES	NA	NA	NA	NO	YES	PASS	<input checked="" type="checkbox"/>	Pass <input checked="" 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								

Remedial Action Taken numbering should correspond to defects above.

1

2

3

4

Details of Work carried out

TOPPED CLEANED TRAP

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 **D. PERRY**

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: **19.12.26**

See Notes A and B