

Details of Registered Business

Gas Safe Register No _____
 Registered Engineer's Name **S. ROBINSON**
 Gas Safe Register Licence Number **516655**
 Business **A&P PLUMBING**
 Address **CRICLET WAY**
NONMURY
 Postcode **TS6 0AH**
 Contact No _____

Details of Site

Name (Mr/Mrs/Miss/Ms) _____
 Address **9 DAVER GROVE**
 Postcode _____
 Contact No _____

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) _____
 Address _____
 Postcode _____
 Contact No _____

Number of Appliances tested 1

Outcome of gas installation pipework visual inspection?
 Outcome of gas supply pipework visual inspection?
 Is the Emergency Control Valve access satisfactory?
 Outcome of gas tightness test?
 Is the Protective Equipotential bonding satisfactory?

Select as appropriate and relevant

Pass / Fail / NA
 Pass / Fail / NA
 Pass / Fail / NA
 Pass / Fail / NA

Appliance Details

	Location of	Type	Manufacturer	Model	Owned by Landlord/Homeowner	Inspected	Type of flue
1		BOILER	DAVEY	DR2000	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)	Ventilation satisfactory	Visual condition of flue and termination	Flue operation checks	Combustion analyser reading (if applicable)	Appliance serviced	CO Alarm fitted	CO Alarm tested (if fitted)	SAFE TO USE
1	24kW	PASS	YES	PASS	PASS	0.0009	YES	NO	NA	YES
2										
3										
4										

Safety Related Defects(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.

Details of Work carried out

COULDN'T IN PLACE BUT NOT COMMENTED

* Refer to separate Warning/Advisory Record

Record issued by: Signature **S. Robinson**
 Print Name **S. ROBINSON**
 Received by: Signature **[Signature]**
 Date appliance(s)/flue(s) checked **22.9.20**

ATTENTION
 Next safety check due by:
29.9.21