Details of Registered Business

Gas Safe Register No 228316
Registered Engineer's Name TONY
Gas Safe Register Licence Number 5488618
Business AN PLUMBING & HEATING SERVICES
Address 14 BLACKWOOD ROAD
POTTERSPURY
Postcode NN12 7QB
Contact No 01327 353352

Details of Site

Name (Mr/Mrs/Miss/Ms)
Address
23 BROAD DEAN
EAGLESTONE
MILTON KEYNES
Postcode MK6
Contact No

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/~~Mrs/Miss/Ms~~) ANDREW BIRCH
Address BIRCH HOUSE
3 SHANNYS LANE
PARRANPORTH
Postcode
Contact No +44 7771 995041

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	BEDROOM CUPBOARD	COMBI	ARISTON	MICROGENUS III 24 MFFI	YES	✓	FTF
2	KITCHEN	HOB	DIAMOND CHEF	HOTPOINT	YES	YES	N/A
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)	Appliance serviced Yes/No	CO Alarm fitted Yes/No	CO Alarm tested (if fitted) Pass/Fail/NA	SAFE TO USE Yes/No
1	Fails	PASS	N/A	PASS	PASS	0.[illegible]	YES	YES	PASS	YES
2	Fails	PASS	N/A	N/A	N/A	N/A	NO	YES	PASS	YES
3										
4										

Safety Related Defect(s) Identified

	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

* 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 ANANCI
Received by: Signature Tenant/Landlord/Homeowner/Agent
Date appliance(s)/flue(s) checked 3/1/25

ATTENTION

Next safety check due by: 3/1/26

See Notes A and B