

February 2011 Safety Meeting Proper Documenting on Safety Check Forms

Proper work performance is important for any job, but it is critical for Hazardous Materials employees. Employees must perform tasks correctly and safely and document these tasks accurately. Attached are four (4) safety forms prepared by propane workers in this state and signed as "OK" by managers/owners. Each form has at least one critical code violation. Ask employees to review each form and highlight or circle the code violation. After everyone has reviewed the forms, compare and discuss the answers. Everyone should have an understanding of the tasks that were not done correctly before leaving the meeting. Have employees sign the form and keep these forms as the test for this month.

Closing

Proper work performance and documentation are essential. Managers should take the time to review all propane safety check forms.

PROPANE SYSTEM CHECK

1

Account Number _____

Invoice Number _____ Date ____/____/____

Name _____

Company/Branch _____

Address _____

Call Taken By _____

City _____ ST _____ Zip _____

Telephone Work _____ Home _____

Appliance Check

Appliance	Heater					
Manufacturer	Vanguard					
Model #	V133 PRB					
Serial #	760165					
BTU's	33,000					
Burner/Com. Chamber						
Man. Shutoff/Sed. Trap	yes					
Control/Pilot Safety System	yes					
Venting System	ventless					
Combustion Air	yes					
Reg Tagged (Removed from Service)						

Container Check

Size	Serial #	Manufacturer	Location	Tank Condition	Relief Valve	Fittings Leak Check
250	A 32911	Nat'l	100'	ok	ok	ok

Regulator Check

Type	Manufacturer	Model #/Date	Flow Pressure	Lock-up Pressure
Twin Stage	Rego	46439 / 05B10	11.25"	13.5"

Pressure Test (If Applicable)

Start Pressure:	End Pressure:	Time Held:
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Leak Check

Start Pressure: 9.25"	End Pressure: 9.25"	Time Held: 11 min
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This inspection covers propane/LP gas items and equipment visible and accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal working of sealed equipment, or structural components and cannot be construed to cover future defects or unforeseen happenings.

(Please Print)

- Know how to turn off gas in case of emergency.
- Have smelled propane and can detect its odor.
- Have received Consumer Safety Information.
- Had gas system deficiencies and/or corrections, if any explained to me.
- Am satisfied with the service work performed.

COMMENTS: Set tank, ran 90' copper lines to appliances and stub for future heater. Run leak test, verify appliances

Customer Signature

Technician Signature

MGR. Initial

PROPANE SYSTEM CHECK

Account Number 2
 Name _____
 Address _____
 City _____ ST _____ Zip _____

Invoice Number _____ Date ___/___/___
 Company/Branch _____
 Call Taken By _____
 Telephone Work _____ Home _____

Appliance Check

Appliance	W. Heater	Logs				
Manufacturer	Rinnai	Lennox				
Model #	-	-				
Serial #	-	-				
BTU's	120,000	27,000				
Burner/Com. Chamber						
Man. Shutoff/Sed. Trap	YES	YES				
Control/Pilot Safety System	YES	YES				
Venting System	YES					
Combustion Air	YES	YES				
Reg Tagged (Removed from Service)	NO	NO				

Container Check

Size	Serial #	Manufacturer	Location	Tank Condition	Relief Valve	Fittings Leak Check
250	402814	Quality	20'	good	good	✓

Regulator Check

Type	Manufacturer	Model #/Date	Flow Pressure	Lock-up Pressure
1st stage	Rego	SR9	5"	5"
2nd stage	Fisher	Shr	11"	12"

Pressure Test (If Applicable)

Start Pressure:	End Pressure:	Time Held:
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Leak Check

Start Pressure: 9"	End Pressure: 9"	Time Held: 3 min
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This inspection covers propane/LP gas items and equipment visible and accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal working of sealed equipment, or structural components and cannot be construed to cover future defects or unforeseen happenings.

I _____
 (Please Print)

- Know how to turn off gas in case of emergency.
- Have smelled propane and can detect its odor.
- Have received Consumer Safety Information.
- Had gas system deficiencies and/or corrections, if any explained to me.
- Am satisfied with the service work performed.

COMMENTS: Set tank, ran
 20' of new yard line,
 leak check, light
 pilots

 Customer Signature

 Technician Signature

MGR. Initial

PROPANE SYSTEM CHECK

3

Account Number _____

Invoice Number _____ Date ____/____/____

Name _____

Company/Branch _____

Address _____

Call Taken By _____

City _____ ST _____ Zip _____

Telephone Work _____ Home _____

Appliance Check

Appliance	W. Heater	Stove				
Manufacturer	Rinnai	GE				
Model #	-	-				
Serial #	-	-				
BTU's	19,900	56,000				
Burner/Com. Chamber	OK	N/A				
Man. Shutoff/Sed. Trap	Yes	Yes				
Control/Pilot Safety System	OK	N/A				
Venting System	OK	N/A				
Combustion Air	OK	OK				
Reg Tagged (Removed from Service)	NO	NO				

Container Check

Size	Serial #	Manufacturer	Location	Tank Condition	Relief Valve	Fittings Leak Check
250	738427	Quality	15'	OK	OK	OK

Regulator Check

Type	Manufacturer	Model #/Date	Flow Pressure	Lock-up Pressure
2nd stage	Fisher	R 362-BFC	9.9"	14"
1st stage	Rego	LV 44035R		

Pressure Test (If Applicable)

Start Pressure: 9.0 psi	End Pressure: 9.0 psi	Time Held: 15 min.
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Leak Check

Start Pressure: 8.5"	End Pressure: 8.5"	Time Held: 3 min.
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This inspection covers propane/LP gas items and equipment visible and accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal working of sealed equipment, or structural components and cannot be construed to cover future defects or unforeseen happenings.

I _____
(Please Print)

- Know how to turn off gas in case of emergency.
- Have smelled propane and can detect its odor.
- Have received Consumer Safety Information.
- Had gas system deficiencies and/or corrections, if any explained to me.
- Am satisfied with the service work performed.

COMMENTS: Ran line to appliances, set tank, leak check, pressure test - placed appliances in service

Customer Signature

Technician Signature

MGR. Initial

PROPANE SYSTEM CHECK

Account Number 4
 Name _____
 Address _____
 City _____ ST _____ Zip _____

Invoice Number _____ Date ____/____/____
 Company/Branch _____
 Call Taken By _____
 Telephone Work _____ Home _____

Appliance Check

Appliance	W. Heater	Range				
Manufacturer	Rheem	Whirlpool				
Model #	R140144T	WFG3714				
Serial #	1028A00	R03912				
BTU's	36,000	58,000				
Burner/Com. Chamber						
Man. Shutoff/Sed. Trap	YES	YES				
Control/Pilot Safety System	YES	YES				
Venting System	YES	YES				
Combustion Air	YES	YES				
Reg Tagged (Removed from Service)						

Container Check

Size	Serial #	Manufacturer	Location	Tank Condition	Relief Valve	Fittings Leak Check
500	16396	Trinity	10'	OK	OK	YES

Regulator Check

Type	Manufacturer	Model #/Date	Flow Pressure	Lock-up Pressure
DT-10	Rego	LV404B39	11"	13"

Pressure Test (If Applicable)

Start Pressure:	End Pressure:	Time Held:
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Leak Check

Start Pressure:	9.5"	End Pressure:	9.5"	Time Held:	8 min
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This inspection covers propane/LP gas items and equipment visible and accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal working of sealed equipment, or structural components and cannot be construed to cover future defects or unforeseen happenings.

COMMENTS: Set tank, ran line-15' copper, lit units

I _____
 (Please Print)

- Know how to turn off gas in case of emergency.
- Have smelled propane and can detect its odor.
- Have received Consumer Safety Information.
- Had gas system deficiencies and/or corrections, if any explained to me.
- Am satisfied with the service work performed.

Customer Signature _____

Technician Signature _____ MGR. Initial _____

February 2011 Answer Key

1. A pressure test was not done on the 90' of new piping. Chapter 4 of NFPA 54, 1999 Edition is very clear covering a pressure test. 4.1.1(a) - Prior to acceptance and initial operation, all piping shall be inspected and pressure tested.
2. A pressure test was not done on the 20' of new yard line. 4.1.1(c) - In the event repairs or additions are made following the pressure test, the affected piping must be tested. In (c), there is an exception outlining minor repairs on additions, but 20' is not minor.
3. The 9.9" flow pressure and 14" lock-up pressure exceeds the recommended standard. The lock-up pressure should not exceed the flow pressure by more than 30%. If this occurs, it could indicate problems such as undersized piping/tubing or a malfunctioning regulator. Also, the pressure delivered should normally not be less than 10" water column for conventional appliances. However, the setting should satisfy the manufacturer's recommendations.
4. As stated in number 2, 15' of new piping is not a minor repair or addition. The 15' should have been pressure tested. In (d), a piping system shall be tested as a complete unit or in sections.

Every employee should be familiar with NFPA 54, 1999 Edition, Chapter 4.1 concerning Pressure Testing to protect yourself, your company and your customers.