

PROPANE SYSTEM CHECK

Account Number _____

Invoice Number _____ Date ____ / ____ / ____

Name _____

Company/Branch _____

Address _____

Call Taken By _____

City _____ ST _____ Zip _____

Telephone Work _____ Home _____

Appliance Check

Appliance						
Manufacturer						
Model #						
Serial #						
BTU's						
Burner/Com. Chamber						
Man. Shutoff/Sed. Trap						
Control/Pilot Safety System						
Venting System						
Combustion Air						
Reg Tagged (Removed from Service)						

Container Check

Size	Serial #	Manufacturer	Location	Tank Condition	Relief Valve	Fittings Leak Check

Regulator Check

Type	Manufacturer	Model #/Date	Flow Pressure	Lock-up Pressure

Pressure Test (If Applicable)

Start Pressure:	End Pressure:	Time Held:
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Leak Check

Start Pressure:	End Pressure:	Time Held:
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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: _____

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