



GASCheck – Gas System Check

267418

Account Number 12244 Invoice Number _____ Date 1/1
 Name Barbara Perry Company/Branch Diversified Energy
 Address 55 Endurance Ln Call Taken By _____
 City Dunn State NC Zip 28334 Telephone (Work) _____ (Home) _____

Container Check

Size	Serial #	Manufacturer	Requalification Date (Cylinders Only)	Location	Container Condition	Relief Valve	Fittings Leak Check
250	E20530	Charlotte		LSOH	Good	Good	Yes

Pressure Test (If Applicable)

Start Pressure	End Pressure	Time Held	Pressure Held
70	70	10	<input checked="" type="radio"/> Y <input type="radio"/> N
			Work Order <input checked="" type="radio"/> Y <input type="radio"/> N

Piping Check

Materials	Size	Cover/Protection

System Leak Check

Start Pressure	End Pressure	Time Held	Pressure Held
70	70	10	<input checked="" type="radio"/> Y <input type="radio"/> N
			Work Order <input checked="" type="radio"/> Y <input type="radio"/> N

Regulator Check

Type	Manufacturer	Date/Model	Vent Position/Protection	Flow Pressure	Lock-Up Pressure

Item(s) Taken Out Of Service Plus All Comments

Safety Information Supplied: _____

Comments: Please note all repairs and corrections made along with any recommended actions.

Permit # ERES2007-0024

Diversified Energy
 17220 US 421
 Dunn NC 28334