

# GAS APPLIANCE SYSTEM CHECK

Account Number 12835 Company/Location DE Dunn  
 Name Parrella Lewis Call Date \_\_\_\_\_ Date Requested \_\_\_\_\_  
 Address 1185 Magruder Rd Call Taker Name \_\_\_\_\_  
Dunn NC 28339 Instructions \_\_\_\_\_  
 Telephone: Office 910-892-8111

Performance Check: Item	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	<i>Generator</i>
Manufacturer			Nansen			*
Model No.			NPN-180E(LP)			Generac
Serial No.			172542061246117			60072189
Fuel			LP			3008673012
Manual Shutoff (Installed/Existing)			YES			LP
Sediment Trap (Installed/Existing)			YES			YES
Control Mfr./Model No.						YES
Pilot(s)/Pilot Safety System						
Ignition System(s) Mfr./Model No.						
Thermostats Mfr./Model No.						
Burner(s)/Combustion Chamber						
Venting System/Draft Diverter			YES			YES
Combustion Air						
Red Tag (Removed from Service)/Recall						

**Manufacturer TANK/CYLINDER (Additional Serial No.'s):**

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCA-TION	TANK COND.	PAINT COND.	PIGTAIL COND.	FITTINGS COND.	GAUGE COND.	RELIEF VALVE			FITTINGS LEAK TEST	
											COND.	DATE	CAP		
500	A00368	maier/brachman	1997	7-20-2004	RSH	good	good	good	good	good	good				✓

**PIPING/REGULATOR OPERATION/CONDITION**

FITTINGS LEAK TEST	PIPING		REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK UP LEAK TEST
	MATERIAL	SIZE								
TWO STAGE	1st								IN WC	IN WC
	2nd								PSIG	PSIG
									IN WC	IN WC

**SYSTEM LEAK TEST**

SINGLE STAGE/ INTEGRAL/ ECOND STAGE	START PRESSURE	END PRESSURE	TIME HELD	SYSTEM OK
	(INCHES WC)	(INCHES WC)		
TWO STAGE	1st			
	2nd			

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

is 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 or unforeseen happenings.

PERRY LEWIS  
 (Please Print)

Reference Invoice No. \_\_\_\_\_ Date \_\_\_\_\_  
 I, Orlando Pineda  
 (Please Print)

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

Perry Lewis  
 (Customer Signature)

Certify that I have completed the System Check as prescribed.  
 Performed Odor Test  Yes Performed Leak/Pressure Test  Yes  
 Placed Safety Decal  Yes Left Consumer Safety Info and Material  Yes

Orlando Pineda  
 (Service Technician's Signature)