

GAS APPLIANCE SYSTEM CHECK

Account Number 10780 Company/Location Sleep Durn
 Name Jennifer Van De Hey Call Date _____ Date Requested _____
 Address _____ Call Taker Name _____
 Instructions _____
 Telephone: Office _____ Home _____

Performance Check: Item	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	6	Generator
Manufacturer							Briggs & Stratton
Model No.							1H2750001E8
Serial No.							2103155384147
Fuel							LP
Manual Shutoff (Installed/Existing)							Yes
Sediment Trap (Installed/Existing)							
Control Mfgr./Model No.							
Pilot(s)/Pilot Safety System							
Ignition Systems(s) Mfgr./Model No.							
Thermostats Mfgr./Model No.							
Burner(s)/Combustion Chamber							
Venting System/Draft Diverter							
Combustion Air							
Red Tag (Removed from Service)/Recall							

Manufacturer TANK/CYLINDER (Additional Serial No.'s):										RELIEF VALVE			FITTINGS LEAK TEST	
SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCA-TION	TANK COND.	PAINT COND.	PIGTAIL COND.	FITTINGS COND.	GAUGE COND.	COND.	DATE	CAP	LEAK TEST
330	N-11132-CH	Charlotte	1966	-	LSOH	Good								Yes

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

SYSTEM LEAK TEST				
SINGLE STAGE/INTEGRAL/SECOND STAGE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
TWO STAGE	70	70	15 min	Yes

Comments _____

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 or unforeseen happenings.

Jennifer L. Van De Hey
(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.
Jennifer L. Van De Hey
(Customer Signature)

Reference Invoice No. 10780
Matt Hill
(Please Print)
 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

(Service Technician's Signature)