



Partnering to provide exceptional propane service!

RESIDENTIAL GAS SAFETY CHECK

Safeguarding you and your propane system.

Name Alix McDonald-Smith
 Address 148 School Side Drive
 City, State Spring Lake, NC ZIP _____

Account Number 2294643
 Call-Taker's Name Wendy Johnson
 Primary Telephone: 386-212-0081

PERFORMANCE CHECK

Manufacturer	Serial Number	Model Number	Type of Fuel (per data plate)	BTU Reading (per data plate)	Manual Shutoff (Installed or Existing)	Sediment Trap (Installed or Existing)	Safety Control Mfr. / Model No.	Standing Pilot / Spark Ignition	Combustion Air	Carbon Monoxide PPM	Removed from Service Recall/Unsafe
Central Heating 1	Dual Fuel?										
Central Heating 2	Dual Fuel?										
Water Heater 3											
Range 4											
Dryer 5											
Fireplace 6											
Other General Generator	3014897268	0J7969	LP	330,000	Installed	Exist	N/A	Spark out side	out side	out side	N/A

TANK/CYLINDER Information: ASME TANK DOT CYLINDER INSTALLED TO CODE

TANK SIZE	TANK SERIAL NUMBER	MFR.	MFR. DATE	DOT LAST TEST DATE	AG/UG	CONDITION OF:					RELIEF VALVE		FITTINGS LEAK TEST	
						TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	CONDITION	DATE	CAP	
250	410659		21	21	Adv	S	S	S	S	S	S	27	S	Yes

METER Information: METER INSTALLED TO CODE

METER SIZE	METER SERIAL NUMBER	MFR.	MFR. DATE	CURRENT READING	# OF FIXED ZEROS	INDEX COLOR (Red or White)	CONDITION OF METER			CONDITION OF PIPING		
							PAINT	LEVEL	SUPPORTED	PAINTED OR GALVANIZED	SQUARE & PLUMB	

PIPING & REGULATOR OPERATION / CONDITION

TWIN STAGE REGULATOR	MATERIAL	PIPING SIZE	REGULATOR MODEL	REGULATOR DATE/ CODE	REGULATOR CONDITION	REG. VENT POSITION	VENT AWAY FROM IGNITION SOURCE?	FLOW PRESSURE	LOCK-UP PRESSURE
1ST								IN	IN
TWO STAGE	Copper	1/2	Mec	1622	22	good	down	8 PSIG	12 PSIG
THREE STAGE							yes	9 WC	13 WC

TYPE : MEGR-1122H-AAJ
 ORIFICE : 0.15"
 SPG RANGE : 8, 0-12.0 PSI
 MAX. INLET : 250 PSI
 INTERNAL RELIEF FIRST STAGE
 S/N: 350938

SYSTEM LEAK TEST

INTEGRAL SECOND STAGE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
	8	8	10	✓
TWO STAGE				

TIME DIAL TEST

TIME HELD	SYSTEM OK
10	✓

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.

I, _____ (Print Name)

- Know how to turn off the 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.
- Have been made aware of the odorant added to propane, am aware that can diminish or fade in intensity, and understand certain limitations or conditions might prevent me from smelling a gas leak.
- Have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories as an additional measure of safety.
- Have informed individual performing safety check of all gas burning appliances and gas lines on my property.

I, John L. Le... (Print Name)
 certify that I have completed this Residential Safety Check as prescribed.

- Performed Odor Test
- Performed System Leak Test
- Placed Safety Decal
- Gas Detector Recommended
- Presented Consumer Safety Materials

(Service Technician's Signature)

Work order # 757487

Date 7-25-24