



RESIDENTIAL GAS SAFETY CHECK

Safeguarding you and your propane system.

Residential Gas Appliance System Check

Name: Garrette Love
 Address: 767 Glenwood Ave
 City, State: Dayton OH ZIP: 45426

Account Number: 8474344
 Call-Taker's Name: Rodney
 Primary Telephone: (937) 990-1254

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											
Generator	20040191	12R0910	LP	335	100	40	200	200	400	200	MAA

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

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	DOT LAST TEST DATE	AQUG	CONDITION OF:					RELIEF VALVE			FITTINGS LEAK TEST
						TANK	PAIN	PIGAIL	FITTINGS	GAUGE	CONDITION	DATE	CAP	
175	7352191	Continental cyl	2070		116	no	no	no	no	no	no	22	100	100

PIPING & REGULATOR OPERATION / CONDITION		PIPING		REGULATOR ATECCODE	REGULATOR CONDITION	REG. VENT POSITION	VENT AWAY FROM IGNITION SOURCE?	FLOW PRESSURE		LOCK-UP PRESSURE	
TWIN STAGE REGULATOR	MATERIAL	SIZE	IN					PSIG	IN	PSIG	
1ST	COPR	1/2		MEC	MEC	10/10	400	10	IN	15	IN
TWO STAGE				MEC	MEC	10/10	400	11	PSIG	19	PSIG



SYSTEM LEAK TEST	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
INTEGRAL SECOND STAGE	10	10	10	✓
TWO STAGE	11	11	10	✓

COMMENTS: Done a rubber check pressure hold to 10psi for 10 min ok

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.

GARRETTE LOVE (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, Rodney (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) Rodney

(Customer's Signature) [Signature]

Work order # 117919 Date 11-17-2009