

McLAMB'S LP GAS & SUPPLY

919-894-3842 Office

3469 NC 242 South • Benson, NC 27504

919-894-8025 Fax

Call Taken By: _____ Date Taken: _____ Time Taken: _____

Account #: _____ Service Requested By: _____

Name: Scott Blades (JOB) Phone #: _____Address: 354 Pointer Creek Dr Angier Alt. Phone #: _____**PRESSURE TEST**10 Minute Min. Start Time 1:45 Start Pressure 10 WCA End Time 1:55 End Pressure 10 WCA**SERVICE REQUESTED**

CHECK ALL THAT APPLY

☐ Line Repair☐ Out Of Gas☐ Tank Maintenance☐ Appliance Maintenance☐ Light Pilot☐ Customer Smells Gas☒ Other Hook up yard Line - TANKComments: + 5KLB out 1 Put 2nd stage on**MATERIALS USED**

Description	Quantity	Price	Extended		
				Total Materials	
				Tax on Materials	
				Labor	
				Total Charge	

Service Performed/Comments: Rup Line to stub out from TANK - Hooked
All up - Hooked system up with leak test AT 10 WCA AT
1:45-1:55 NO leaks found on system - Hooked system
Back up with out leak test All equipment ready
to use.

Date Work Performed: _____ Time Left Job/Office: _____

Time Job Completed: _____ Total Time of Service: _____

Customer Acknowledgement**Employee Acknowledgement**

- ◆ I know how to turn off gas in case of emergency.
- ◆ I have smelled propane and can detect it's odor.
- ◆ I have received the "How's Your Nose?" brochure
- ◆ I had gas system deficiencies and/or corrections, if any, explained to me.
- ◆ I am satisfied with the service work performed.

- ◆ I have left the "How's Your Nose?" brochure.
- ◆ I have performed service as indicated above.
- ◆ I have performed a pressure test (if applicable).
- ◆ I have explained the work performed to the customer.

Customer's Signature

Employee Signature

Yellow: Office

Pink: Customer