

# PROPANE SAFETY CHECK

Station L.G. Jordan Oil

Bird's Eye Investment

Date of Service Call 12-2-25

150 Grayson Jenkins rd

Service/Work Order No. \_\_\_\_\_

Apex NC 27523

Phone: Office \_\_\_\_\_

Home \_\_\_\_\_

Appliance Check Item:	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	Generator 6	7
Manufacturer	<u>Amana</u>		<u>Whisper</u>				
Model No.			<u>Xp40406C3001</u>				
Serial No.			<u>A20221277</u>				
Location							
BTU							
Age							
Manual Shut-off (Installed/Existing)							
Venting							
Sediment Trap (Installed/Existing)							
Recall Valve							
Red Tag (Remove from Service)							

## TANK/CYLINDER

Size	Serial Number	MFR.	MFR. Date	Last Test Date	Location	Tank	Paint	Pigtail	Fittings	Gauge	Relief Valve			Fittings Leak Test
											Cond.	Date	Cap	
<u>500</u>	<u>252105564</u>													

## PIPING/REGULATOR OPERATION/CONDITION

SINGLE STAGE	Piping		Regulator Date Code	Regulator Condition	MFR.	Model	Reg. Vent Position	How Protected	Flow Pressure	Lock-up Pressure
	Material	Size								
									<u>N.W.C.</u>	<u>N.W.C.</u>
TWO STAGE	1ST								<u>PSIG</u>	<u>PSIG</u>
	2ND								<u>N.W.C.</u>	<u>N.W.C.</u>

## SYSTEM LEAK CHECK

SINGLE STAGE		Start Pressure	End Pressure	Time Held	System OK
		<u>N.W.C.</u>	<u>N.W.C.</u>		
TWO STAGE	1ST	<u>19</u>	<u>19</u>	<u>3</u>	<u>OK</u>
	2ND	<u>N.W.C.</u>	<u>N.W.C.</u>		

Comments: \_\_\_\_\_

## PRESSURE TEST

	Start Pressure	End Pressure	Time Held	System OK
SINGLE STAGE(High Pressure)				
TWO STAGE(Low Pressure)				

(For Additional Comments Use Back of Form)

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, and the internal working of sealed equipment, or structural components and cannot be construed to cover future defects or unforeseen happenings.

X Danny Jenkins  
(Please Print)

Steve McPherson  
(Please Print)

- I know how to turn off gas in case of emergency.
- I have smelled propane and can detect its odor.
- I have received the Consumer Safety Information.
- I had gas system deficiencies and/or corrections, if any clearly explained to me.
- I am satisfied with the service work performed.

Certify that I have completed the System Check as prescribed.

- |                      |                              |  |                              |
|----------------------|------------------------------|--|------------------------------|
| Performed Odor Test  | <input type="checkbox"/> Yes | Performed Pressure Test                | <input type="checkbox"/> Yes |
| Placed Safety Decal  | <input type="checkbox"/> Yes | Left Consumer Safety Info and Material | <input type="checkbox"/> Yes |
| Performed Leak Check | <input type="checkbox"/> Yes |  | <input type="checkbox"/> Yes |

X Danny Jenkins  
Customer's Signature

[Signature]  
Service Technician's Signature