PROPANE SAFETY CHECK

Company/Location _____

Name Austin Pool

Date of Service Call 12-15-25

Address 2116 NC Hwy 751

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	6	7
Manufacturer	Lennox						
Model No.	LRP15 90K36-070P-01A						
Serial No.	1685F14440						
Location	Out Side						
BTU	85,000						
Age	0-25						
Manual Shut-off (Installed/Existing)	Yes						
Venting	Yes						
Sediment Trap (Installed/Existing)	Yes						
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 Cond.	Relief Valve Date	Relief Valve Cap	Fittings Leak Test
325	H29665	AM	1987			AG				30%	ok	ok	ok	ok

PIPING/REGULATOR OPERATION/CONDITION

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

SYSTEM LEAK CHECK

		Start Pressure	End Pressure	Time Held	System OK
SINGLE STAGE		W.C.	W.C.		
TWO STAGE	1ST	9 PSIG	9 PSIG	3m, 1	Yes
	2ND	W.C.	W.C.		

PRESSURE TEST

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

Comments: _____

(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.

Austin Pool
(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.

_____
Customer's Signature

I, Charles Brickhouse
(Please Print)

Certify that I have completed the System Check as prescribed.

Performed Odor Test	☑ Yes	Performed Pressure Test	☐ Yes
Placed Safety Decal	☑ Yes	Left Consumer Safety Info and Material	☑ Yes
Performed Leak Check	☑ Yes		

_____
Service Technician's Signature

E-9157 (10/97)