



Gas System Check

800850

Account Number: 4759
Name: Floyd Wicker Rental
Address: 8345 Charlie Euliss Rd.
City: Snow Camp State: _____ ZIP: _____
Telephone (Work): _____ (Home): _____

Invoice Number: 853231
Date: 2-13-25
Company Branch: EULISS
Call Taken By: _____

Disclaimer: This inspection covers gas distribution system equipment visible and readily 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 workings of sealed equipment or structural components, and cannot be construed to cover future or unforeseen happenings.

Container Check

Size	Serial#	Manufacturer
<u>330</u>	<u>693854</u>	<u>Chem-Tred</u>

Pressure Test Was a pressure test conducted? Yes ☐ No ☒ If yes, provide information below.

Test Stage Location	Starting Pressure (psi)	Ending Pressure (psi)	Start Time	End Time

System Leak Check

Test Stage Location	Starting Pressure (psi or w.c.)	Ending Pressure (psi or w.c.)	Start Time	End Time
<u>1st stg</u>	<u>9PSI</u>	<u>9PSI</u>	<u>8:50</u>	<u>8:55</u>

Regulator Check

Test Stage Location	Vent Position (circle one)	Flow Pressure (psi or w.c.)	Lock Up (psi or w.c.)
<u>1st stg</u>	<u>correct</u> incorrect	<u>10PSI</u>	<u>15PSI</u>
<u>2nd stg</u>	<u>correct</u> incorrect	<u>11 WC</u>	<u>14WC</u>
	correct incorrect		

Installation Review

Safety information and materials provided to customer
Container(s) distance requirements are met
Container(s) condition is suitable for continued service
Cathodic protection provided and documented per company policy (if applicable)

Yes No

☐ ☐
☒ ☐
☒ ☐
☐ ☒

Regulator(s) distance requirements are met
Exterior gas piping is suitable for continued service
Dielectric isolation installed according to code for metallic pipe or tubing (if applicable)

Yes No

☒ ☐
☒ ☐
☐ ☒

I, Blake Howe Service Technician (Printed Name) certify that I have completed the system check and installation review as described above.
Blake Howe Service Technician (Signature) 2.13.25 Date

Customer Acknowledgement: I understand a system check and installation review has been completed on my gas system as described above. I also acknowledge that the individual performing the Gas System Check informed me of the procedure and the outcome of the inspection; what was covered by the inspection and what was not covered; what repairs and/or alterations, if any, were made to the gas system or appliances; and options available for making recommended changes to my gas system. I further acknowledge, by initialing each of the following items, that:

- _____ I have informed the service technician of all gas-burning appliances and gas lines on my property.
_____ I have smelled the propane gas and can detect its odor.
_____ I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas off at the container.
_____ I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity and that certain physical limitations or conditions might prevent me from smelling a gas leak.
_____ I have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories.
_____ I have received safety information and been told to read it and share it with all family members.
_____ I am satisfied with the service work performed.

I, Renee Wicker Customer and/or Tenant (Printed Name) have read and fully understand this certification.
Renee Wicker Customer and/or Tenant (Signature) 2.13.25 Date

Repairs Completed: _____

Recommended Actions (if applicable): _____



Gas Appliance System Check

2522999

Account Number: 4759
Name: Floyd Wicker Rental
Address: 8745 Charlie Euliss Rd.
City: Snow Camp State: _____ ZIP: _____
Telephone (Work): _____ (Home): _____

Invoice Number: 853231
Date: 2-13-25
Company Branch: Euliss
Call Taken By: _____

Disclaimer: This inspection covers gas equipment and appliances visible and readily 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 workings of sealed equipment or structural components, and cannot be construed to cover future or unforeseen happenings.

Appliance Check

Appliance	Furnace							
Manufacturer	Goodman							
Model #	GR95960803BN							
Serial #	2410114259							
Burner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustion Chamber	<input checked="" type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A
Manual Shutoff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sediment Trap	<input checked="" type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A
Pilot Safety System	<input checked="" type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A
Electronic Ignition System	<input checked="" type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A
Venting System	<input checked="" type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken Out of Service	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A

Installation Review

	Yes	No
Safety information and materials provided to customer	<input type="checkbox"/>	<input type="checkbox"/>
Appliance(s) are suitable for continued service	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interior gas piping is suitable for continued service	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I, Blake Lowe Service Technician (Printed Name) certify that I have completed the system check and installation review as described above.
Blake Lowe Service Technician (Signature) 2/13/25 Date

Customer Acknowledgement: I understand a gas appliance and interior piping system check and installation review has been completed on my gas system as described above. I also acknowledge that the individual performing the Gas Appliance Check informed me of the procedure and the outcome of the inspection; what was covered by the inspection and what was not covered; what repairs and/or alterations, if any, were made to the gas system or appliances; and options available for making recommended changes to my gas system. I further acknowledge, by initialing each of the following items, that:

- ☐ I have informed the service technician of all gas-burning appliances and gas lines on my property.
- ☐ I have smelled the propane gas and can detect its odor.
- ☐ I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas off at the container.
- ☐ I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity and that certain physical limitations or conditions might prevent me from smelling a gas leak.
- ☐ I have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories.
- ☐ I have received safety information and been told to read it and share it with all family members.
- ☐ I am satisfied with the service work performed.

I, Bencee Wicker Customer and/or Tenant (Printed Name) have read and fully understand this certification.
Bencee Wicker Customer and/or Tenant (Signature) 2/13/25 Date

Repairs Completed:

Recommended Actions (if applicable):