Safety Check

Date: 06-19-2025 Work Order #: 31908521

Acct #: 5625850 Branch: STATESVILLE

Name: Anita Dickens

Address: 533 JANE SOWERS RD

City: STATESVILLE State: NC Zip Code: 28625

Phone #: (704) 929-2944 Alt Phone #:

Services Performed: Walk-through Visual Inspection, Leak Check, Safety Check on a New Install

Appliances

Appliance: Water Heater	Type: Gas	Manufacturer: Rannia
Age: New	Input BTU: 199,000	Appliance Converted: LP
Control Safety System: OK	Combustion Chamber: OK	Combustion Air: OK
Venting System: OK	Red Tagged: No	

Appliance: Range/Cooktop	Type: Electric	Manufacturer: Samsung
Age: 7	Input BTU:	Appliance Converted:
Control Safety System:	Combustion Chamber:	Combustion Air:
Venting System:	Red Tagged:	

Appliance: Dryer	Type: Electric	Manufacturer: LG
Age: 10	Input BTU:	Appliance Converted:
Control Safety System:	Combustion Chamber:	Combustion Air:
Venting System:	Red Tagged:	

Appliance: Gas Logs	Type: None	Manufacturer:
Age:	Input BTU:	Appliance Converted:
Control Safety System:	Combustion Chamber:	Combustion Air:
Venting System:	Red Tagged:	

Container(s)

Type: Tank	Desc: 120 AG SN#MAQ1661886	Owned By: Company
Size: 120 AG	Serial #: 1661886	Mfg.: Arcosa
Condition: OK	Relief Value Cap: OK	Fitting Leak Test: OK

Regulator Operations

1st Stage	Manu.: Kosan	Model: 988tw17
Flow Pressure: 10	Lock-up Pressure: 11	

2 PSI	Manu.: NA	Model:
Flow Pressure:	Lock-up Pressure:	

2nd/Final Stage	Manu.: Kosan	Model: 988tw17
Flow Pressure: 10	Lock-up Pressure: 11	

System Leak Check

Start Pressure: 9 w.c	End Pressure: 9 w.c	Time Head: 3 MINUTES

CO READINGS 0 ppm (Based on the U.S. Consumer Product Safety commission, readings should be below 30ppm.)

DISCLAMIER: This Safety Check/Leak Check covers Propane/Natural gas items and equipment visible and accessible to the service representative and represents the conditions existing on this date. It does not cover latent or manufacturing defects, the internal working of equipment, structural components, or high temperature plastic vent (HTPV), and cannot be construed to cover future or unforeseen deficiencies.

I, Anita Dickens

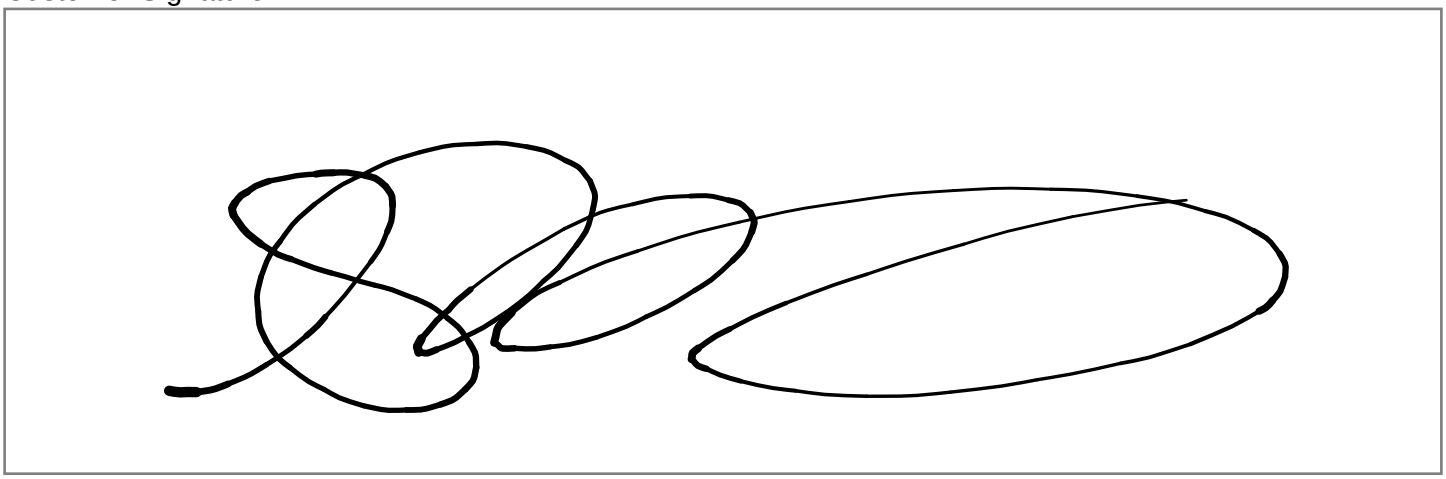
Know how to turn off gas in case of emergency,

Have smelled propane/natural gas and can detect its odor,

Have received the consumer safety information,

I am satisfied with the service work performed.

Customer Signature



Comments:
Safety Check
Fuel Type: Propane
Work Order #: 31908521
Customer information has changed.
New appliance: Water Heater

Service Technician: LOYD MARLOWE