PROPANE SAFETY CHECK

Company/Location L G Jordan Oil

Name Nina Wilk

Date of Service Call 6-24-25

Address 1901 Olde Mill Forest Dr. Raleigh NC

Service/Work Order No.

Phone: Office Home

Appliance Check Item:	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	6	7
Manufacturer							
Model No.							
Serial No.							
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 Cond.	Relief Valve Date	Relief Valve Cap	Fittings Leak Test
500	1321508	Worthington Cylinders	2019		OG	✓	✓	✓	✓	✓				

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				2017	✓	Fisher	R122H	AAJ	✓	IN. W.C.	IN. W.C.
TWO STAGE	1ST									PSIG	PSIG
	2ND									IN. W.C.	IN. W.C.

SYSTEM LEAK CHECK

		Start Pressure	End Pressure	Time Held	System OK
SINGLE STAGE		7 IN. W.C.	7 IN. W.C.	5	✓
TWO STAGE	1ST	PSIG	PSIG		
	2ND	IN. W.C.	IN. W.C.		

PRESSURE TEST

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

Comments: 2 x ¼ flr cap
2 x ¾ close nip
- repaired leak @ manifold
- repaired 3 leaks @ w/H
- Capped Pool line

(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 NINA WILK
(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.

X
Customer's Signature

I, Steve M Henry
(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 Matenal	☐ Yes
Performed Leak Check	☑ Yes		

Service Technician's Signature

E-9157 (10/97)