



RESIDENTIAL GAS SAFETY CHECK

Safeguarding you and your propane system.

Residential Gas Appliance System Check

Name: Justin Burden
 Address: 1616 Early Station Rd
 City, State: Aboskie ZIP: 27910

Account Number: 2233823
 Call-Taker's Name: Justin
 Primary Telephone: 287-5008

PERFORMANCE CHECK

Manufacturer	Serial Number	Model Number	Type of Fuel (per data plate)	BTU Reading (per data plate)	Manual Shutoff (Installed or Existing)	Sediment Trap (Installed or Existing)	Safety Control Mt. / Model No.	Standing Pilot / Spark Ignition	Combustion Air	Carbon Monoxide PPM	Removed from Service Recall/Unsafe
Central Heating 1	Dual Fuel?										
Central Heating 2	Dual Fuel?										
Annex: Water Heater 3	SBBA-016027	RX160	LIP	16000	Fused	Fused					
Range 4											
Dryer 5											
Fireplace 6											

TANK/CYLINDER Information: ASME TANK DOT CYLINDER INSTALLED TO CODE

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	DOT LAST TEST DATE	AG/UG	CONDITION OF:					RELIEF VALVE		FITTINGS LEAK TEST	
						TANK	PAIN	PIGTAIL	FITTINGS	GAUGE	CONDITION	DATE		CAP
120	25L 000629	Trinity	1997		AB	OK	OK	NA	OK	OK	OK		Yes	Yes

PIPING & REGULATOR OPERATION / CONDITION

TWIN STAGE REGULATOR	PIPING		REGULATOR MFR.	REGULATOR MODEL	REGULATOR DATE/CODE	REGULATOR CONDITION	REG. VENT POSITION	VENT AWAY FROM IGNITION SOURCE?	FLOW PRESSURE	LOCK-UP PRESSURE
	MATERIAL	SIZE								
1ST	Copper	3/8	Fisher	R232E	Oct 21	New	Side	Yes	2PSI	PSIG
2ND	Pipe	3/4	Maxtrol	L325		New	Side	Yes	10	WC

SYSTEM LEAK TEST

INTEGRAL SECOND STAGE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
TWO STAGE	2PSI	2PSI	3min	OK

COMMENTS: **FISHER**
 TYPE: LOC 105
 ORIFICE: R232E-HBH
 SPG RANGE: 0.193"
 INTERNAL RELIEF: 1-2.2PSI
 MAX. INLET: 250PSI
 MFG DATE: 30-Oct-23
 ID:003294069

This inspection service technician and representative cover latent or manufacturing defects, the internal components, and cannot be construed to cover future or unforeseen happenings.

I, Justin Burden (Print Name)

I, _____ (Print Name) certify that I have completed this Residential Safety Check as prescribed.

- Know how to turn off the gas in case of emergency.
- Have smelled propane and can detect its odor.
- Have received the consumer safety information and material.
- Had gas system deficiencies and/or corrections, if any, clearly explained to me.
- Am satisfied with the service work performed.
- Have been made aware of the odorant added to propane, am aware that can diminish or fade in intensity, and understand certain limitations or conditions might prevent me from smelling a gas leak.
- Have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories as an additional measure of safety.
- Have informed individual performing safety check of all gas burning appliances and gas lines on my property.

- Performed Odor Test
 - Performed System Leak Test
 - Placed Safety Decal
 - Gas Detector Recommended
 - Presented Consumer Safety Materials
- Lawrence Lassiter
 (Service Technician's Signature)

(Customer's Signature) Justin Burden

Work order # 771148 Date 10-10-24