

PROPANE SAFETY CHECK

new furnace
11-27-24 1-4

Company/Location L.G. Jordan Oil Company
 Name Michael Edwards Date of Service Call 11-27-24
 Address 2737 Davis Drive Service/Work Order No. Call on the way
Cory NC 27519 919-602-3715 Michael
919-255-0478 Michael

Appliance Check Item:	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	Central Heat 7
Manufacturer	Carrier	Empire	State	Whirlpool	Whirlpool	595C2C080521120
Model No.	585B0B045M14-12	CH1K	65650 HAD321	5F3621XSN	WSD58W5WB	1419160058
Serial No.	4124510458		16K A028W8	RT1014432	MU3910417	
Location	Attic		Hallway			Crawl
BTU						
Age						
Manual Shut-off (Installed/Existing)	E	E	E	E	E	E
Venting	E		E			E
Sediment Trap (Installed/Existing)	E		E			E
Recall Valve						
Red Tag (Remove from Service)						

Size	Serial Number	MFR.	MFR. Date	Last Test Date	Location	Tank	Paint	Pigtail	Fittings	Gauge	Relief Valve			Fittings	
											Cond.	Date	Cap	Leak Test	
50	5E06621	AW	73												

SINGLE STAGE	Piping		Regulator	Regulator	MFR.	Model	Reg. Vent	How	Flow	Lock-up
	Material	Size	Date Code	Condition			Position	Protected	Pressure	Pressure
TWO STAGE	1ST	COP	1/2	13						
	2ND	DIC	1/4	13					12	12.5

SINGLE STAGE	Start Pressure	End Pressure	Time Held	System OK
	IN. W.C.	IN. W.C.		
TWO STAGE	1ST	9	9	30
	2ND			

Comments: _____

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

(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.

Erin Downey
 (Please Print)

I, _____
 (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.

Certify that I have completed the System Check as prescribed.

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

 Customer's Signature

 Service Technician's Signature