

# PROPANE SAFETY CHECK

Location \_\_\_\_\_  
 Name William and Glenda Gilbert Date of Service Call 9-22-25  
 Address 979 Horton's Pond Rd Service/Work Order No. \_\_\_\_\_  
APEX NC 27523

Appliance Check Item:	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	6	7
Manufacturer	<u>American Standard</u>						
Model No.	<u>B1 B0604</u>						
Serial No.	<u>25204UC F 39</u>						
Location	<u>basement</u>						
BTU							
Age	<u>new</u>						
Manual Shut-off (Installed/Existing)	<u>yes</u>						
Venting	<u>yes</u>						
Sediment Trap (Installed/Existing)	<u>yes</u>						
Recall Valve							
Red Tag (Remove from Service)							

### TANK/CYLINDER

Size	Serial Number	MFR.	MFR. Date	Last Test Date	Location	Tank	Paint	Pigtails	Fittings	Gauge	Relief Valve			Fittings Leak Test
											Cond.	Date	Cap	
<u>1000</u>	<u>5F01066</u>					<u>AG</u>				<u>70%</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>

### PIPING/REGULATOR OPERATION/CONDITION

SINGLE STAGE	Piping		Regulator Date Code	Regulator Condition	MFR.	Model	Reg. Vent Position	How Protected	Flow Pressure	Lock-up Pressure
	Material	Size								
TWO STAGE	1ST									
	2ND									

### SYSTEM LEAK CHECK

SINGLE STAGE		Start Pressure	End Pressure	Time Held	System OK
		N.W.C.	N.W.C.		
TWO STAGE	1ST	<u>5</u>	<u>5</u>	<u>3.4 min</u>	<u>yes</u>
	2ND				

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PRESSURE TEST

	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.

William M. Gilbert  
 (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.

W. H. Gilbert  
 Customer's Signature

Charles Brichhouse  
 (Please Print)

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

Charles Brichhouse  
 Service Technician's Signature