

# PROPANE SAFETY CHECK

Call OTW  
919-434-4461

Company/Location L.G. Jonathan  
Name Jonathan Adams  
Address 7925 S. HWY. 55  
Willow Springs NC

Date of Service Call 3/10/26  
Service/Work Order No. \_\_\_\_\_

(12)

Appliance Check Item:	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	6	7
Manufacturer			Rinnai				
Model No.			RX199-IV				
Serial No.			TK.BA.249449				
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			Fittings Leak Test
											Cond.	Date	Cap	
123	1390155	Worth	2016	NA	Front	✓	✓	✓	✓	✓	✓	✓	✓	✓

## 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								PSIG	PSIG
	2ND								IN. W.C.	IN. W.C.

## SYSTEM LEAK CHECK

SINGLE STAGE	Start Pressure	End Pressure	Time Held	System OK
TWO STAGE	PSIG	PSIG		
	8 IN. W.C.	8 IN. W.C.	3	✓

Comments: No Leaks

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## PRESSURE TEST

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

+ Rebecca Adams  
(Please Print)

S. Flaherty  
(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  | <input checked="" type="checkbox"/> Yes | Performed Pressure Test                | <input checked="" type="checkbox"/> Yes |
| Placed Safety Decal  | <input checked="" type="checkbox"/> Yes | Left Consumer Safety Info and Material | <input checked="" type="checkbox"/> Yes |
| Performed Leak Check | <input checked="" type="checkbox"/> Yes |  |   |

+ [Signature]  
Customer's Signature

[Signature]  
Service Technician's Signature