PROPANE SAFETY CHECK
FOR RESIDENTIAL CUSTOMERS

Name: _____ Call Date: _____

Address: _____ Instructions: _____

_____ _____

Telephone Office: _____ Home: _____ Invoice Reference:_____

Appliance	Central Heating	Central Heating	Water Heater	Water Heater	Clothes Dryer	Range	Other
Manufacturer							
Model No.							
Serial No.							
Location							
Btuh	000	000	000	000	000	000	000
Age							
Manual Shutoff □ Existing							
□ Installed							
Venting							
					Piping for dryers? □ Yes □ No		

TANK/CYLINDER

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	Location	Condition	Paint	Pigtail	Fittings	Gauge	Relief Valves			Fittings Leak Test
										Condition	Date	Capacity	

PIPING/REGULATOR OPERATION/CONDITION

SINGLE STAGE/ INTEGRAL 2 STAGE		Piping Material	Size	Regulator Date Code	Regulator Condition	REG. MFR.	Model/Type	Reg. Vent Position	How Protected	Flow Pressure
										In w.c.
Two Stage System	First									Psig
	Second									In w.c.

SYSTEM LEAK CHECK

SINGLE STAGE/ INTEGRAL 2 STAGE		Start Pressure	Start Time	End Pressure	End Time	Lockup Pressure	Comments:
		In w.c.		In w.c.			
Two Stage System	First	Psig		Psig			
	Second	In w.c.		In w.c.			

This inspection covers (propane/LP-Gas) items and equipment visible and accessible to the service technician and represents the condition existing on the date of inspection. It does not cover latent or manufacturing defects or the internal working of sealed equipment, or structural components, and cannot be construed to cover future defects or unforeseen happenings. WARNING: Flammable Gas. The installation, modification, or repair of an LPG system by a person who is not licensed or registered to install, modify, or repair an LPG system may cause injury, harm, or loss. Contact a person licensed or registered to install, modify, or repair an LPG system. A person licensed to install or repair an LPG system may not be liable for damages caused by the modification of an LPG system by an unlicensed person except as otherwise provided by applicable law.

I, _____
(Please Print Customer or Customer's Representative Name)

I, _____
(Please Print Company's Representative's Name)

- ❑ Know how to turn off the gas in case of an emergency.
- ❑ Have smelled propane and can detect the odor.
- ❑ Have received the consumer safety information.
- ❑ Had gas system deficiencies and/or corrections, if any, clearly explained to me.
- ❑ Am satisfied with the service work performed.

Consumer Smelled Gas? □ Yes

Performed Odor Test? □ Yes

Left Consumer Safety Info? □ Yes

Performed Leak Check? □ Yes

_____ _____
Customer's Signature Date

_____ _____
Service Technician or Company Representative's Signature Date

Revised 2/2008