GASCheck

Gas System Check

733717

Account Number: 01-04600
Name: Dusty Anthony
Address: 4127 Dias Rd.
City: Newton State: GA ZIP: 39870
Telephone (Work): (Home):

Invoice Number: 751385
Date: 7/9/2026
Company Branch:
Call Taken By:

Disclaimer: This inspection covers gas distribution system equipment visible and readily accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal workings of sealed equipment or structural components, and cannot be construed to cover future or unforeseen happenings.

Container Check

Size	Serial#	Manufacturer
~~USX030234~~ 500	25X030234	AW+T

Pressure Test Was a pressure test conducted? Yes ☐ No ☐ If yes, provide information below.

Test Stage Location	Starting Pressure (psi)	Ending Pressure (psi)	Start Time	End Time

System Leak Check

Test Stage Location	Starting Pressure (psi or w.c.)	Ending Pressure (psi or w.c.)	Start Time	End Time
TR	9psi	9psi	4:02	4:05

Regulator Check

Test Stage Location	Vent Position (circle one)		Flow Pressure (psi or w.c.)	Lock Up (psi or w.c.)
	correct	incorrect		
	correct	incorrect		
	correct	incorrect		

Installation Review

	Yes	No
Safety information and materials provided to customer	☑	☐
Container(s) distance requirements are met	☑	☐
Container(s) condition is suitable for continued service	☑	☐
Cathodic protection provided and documented per company policy *(if applicable)*	☑	☐
Regulator(s) distance requirements are met	☑	☐
Exterior gas piping is suitable for continued service	☑	☐
Dielectric isolation installed according to code for metallic pipe or tubing *(if applicable)*	☑	☐

I, Chance Greene certify that I have completed the system check and installation review as described above.
Service Technician (Printed Name)
Service Technician (Signature) 7/9/2026 Date

Customer Acknowledgement: I understand a system check and installation review has been completed on my gas system as described above. I also acknowledge that the individual performing the Gas System Check informed me of the procedure and the outcome of the inspection; what was covered by the inspection and what was not covered; what repairs and/or alterations, if any, were made to the gas system or appliances; and options available for making recommended changes to my gas system. I further acknowledge, by initialing each of the following items, that:

- ✓ I have informed the service technician of all gas-burning appliances and gas lines on my property.
- ✓ I have smelled the propane gas and can detect its odor.
- ✓ I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas off at the container.
- ✓ I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity and that certain physical limitations or conditions might prevent me from smelling a gas leak.
- ✓ I have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories.

2555725

GAS Check® Gas Appliance System Check

Account Number: 01-04600
Name: Dusty Anthony
Address: 4127 Dias Rd
City: Newton State: GA ZIP: 39870
Telephone (Work): (Home):

Invoice Number: 751385
Date: 7/9/26
Company Branch:
Call Taken By:

Disclaimer: This inspection covers gas equipment and appliances visible and readily accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal workings of sealed equipment or structural components, and cannot be construed to cover future or unforeseen happenings.

Appliance Check

Appliance	Water Heater							
Manufacturer	Rinnai							
Model #	RE199eP							
Serial #	REU-VE2737WD-US-P							
Burner	☑		☐		☐		☐	
Combustion Chamber	☑	☐ N/A	☐	☐ N/A	☐	☐ N/A	☐	☐ N/A
Manual Shutoff	☑		☐		☐		☐	
Sediment Trap	☐	☑ N/A	☐	☐ N/A	☐	☐ N/A	☐	☐ N/A
Pilot Safety System	☑	☐ N/A	☐	☐ N/A	☐	☐ N/A	☐	☐ N/A
Electronic Ignition System	☑	☐ N/A	☐	☐ N/A	☐	☐ N/A	☐	☐ N/A
Venting System	☑	☐ N/A	☐	☐ N/A	☐	☐ N/A	☐	☐ N/A
Combustion Air	☑		☐		☐		☐	
Taken Out of Service	☐	☑ N/A	☐	☐ N/A	☐	☐ N/A	☐	☐ N/A

Installation Review

	Yes	No
Safety information and materials provided to customer	☑	☐
Appliance(s) are suitable for continued service	☑	☐
Interior gas piping is suitable for continued service	☑	☐

I, Chance Greene (Service Technician *(Printed Name)*) certify that I have completed the system check and installation review as described above.

Service Technician *(Signature)*

7, 9, 2026
Date

Customer Acknowledgement: I understand a gas appliance and interior piping system check and installation review has been completed on my gas system as described above. I also acknowledge that the individual performing the Gas Appliance Check informed me of the procedure and the outcome of the inspection; what was covered by the inspection and what was not covered; what repairs and/or alterations, if any, were made to the gas system or appliances; and options available for making recommended changes to my gas system. I further acknowledge, by initialing each of the following items, that:

- ✓ I have informed the service technician of all gas-burning appliances and gas lines on my property.
- ✓ I have smelled the propane gas and can detect its odor.
- ✓ I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas off at the container.
- ✓ I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity and that certain physical limitations or conditions might prevent me from smelling a gas leak.
- ✓ I have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories.
- ✓ I have received safety information and been told to read it and share it with all family members.
- ✓ I am satisfied with the service work performed.