

Confirmed
Jm

10/1/2026 2:19:12 PM

WORK ORDER

Rita Mandujano

514 Strange's Road
Carnesville, GA 30521
(404) 399-4125

Customer #: 206746
Order #: 551442
Location #: 283075
Zone: J-005-THU-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 10-9-26, ccof, Final h/u Take 3/4 csst and wall box for final h/u, 2
man job HEAVY COOK STOVE!! call Rita on the way (404)
399-4125

Date Ordered:	10/1/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: Last Service: 9/30/2026 Last Tune Up:
Contract: SC Renewal:
Manufact: Model:
Notes:
Instructions:

Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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RINNAI WORK ORDER

Customer Acct #: 206746
Name: Rita Mandujano
Address: 514 Strangers Rd.
Carnesville, GA 30521

Date: 9-30-26
Instructions: Set lease 120 AG w/100gals
Order #: _____

DESCRIPTION OF WORK
COMMENTS:
SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
				100.00/hr	
				100.00/hr	

FOR OFFICE USE ONLY	
Performed leak check	Yes _____ No _____
Gas check attached	Yes _____ No _____
Leak check	Initial _____
Start Pressure _____ End Pressure _____ Time Held _____ System OK _____	

% in Tank _____

AMOUNT REC'D
\$ _____
☐ CASH ☐ CHECK # _____
☐ CREDIT CARD

EXP. DATE _____
* I have received the Consumer Safety information & material.
* I am satisfied with the work performed.
* Customer agrees to pay all costs of collection, agency fees, court costs, and reasonable attorney fees in the event of default on payment.
* Signing agrees to _____ year contract for discount.
CUSTOMER SIGNATURE _____

Retail Price		Contract Price
Rinnai \$	\$	
Standard Vent Kit \$	\$	
Standard Install \$	\$	
Total \$	\$	
Tank Set		New Cust Special
L.P. Gas /Gal 3.599	L.P. Gas /Gal 3.599	
Gallons 100	Gallons 100	
FRCC \$9.79	FRCC \$9.79	
Fuel Total 369.69	Fuel Total 369.69	
Tank Lease/YR 99.00	1st yr Lease 99.00	
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee \$250	Tank Set Fee 20.00	
Safety Inspection \$129.95	\$29.95	
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		330.00
Safe Appliance Rebate		50.00
TOTAL BALANCE DUE		



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: **206746**

Date: **10-9-26**

Name: **RITA MANDUJANO**

Instructions: **SET LEASE 120AG W/100 GALS**

Address: **514 STRANGE'S ROAD**

CARNESVILLE, GA 30521

Order #:

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	<i>Cook Stove</i>					
Manufacturer	<i>Bramo</i>					
Model #	<i>BR480ISSDF</i>					
Serial #	<i>V302226060242311000009</i>					
Burner/Combustion Chamber	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Manual Shutoff	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Sediment Trap	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Pilot Safety System	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Electronic Ignition System	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Venting System	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Combustion Air	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Taken Out of Service	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
<i>120</i>	<i>M2546072</i>	<i>Good</i>	<i>Tru</i>	<i>2025</i>	<i>14/6</i>	<i>Good</i>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin	<i>Mec</i>	<i>1232</i>	☒ Correct ☐ Incorrect	<i>10.5</i>	<i>11</i>
1st			☐ Correct ☐ Incorrect		
2nd			☐ Correct ☐ Incorrect		

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<i>120</i> PSI	<i>120</i> PSI	<i>10</i> Mins	☒ Yes	<i>15</i> PSI	<i>15</i> PSI	<i>10</i> Mins	☒ Yes
____ WC	____ WC	____ Mins	☐ No				☐ No

Comments: *80% in tank. All appliances working correctly.*

Customer Acknowledgment:

 I acknowledge, by checking each of the following items, that:

- ☐ I have informed the service technician of all gas-burning appliances, gas lines, and unused piping not connected to any gas appliance on my property.
- ☐ I have been informed of what deficiencies, repairs &/or alterations, if any, were made to my gas system or appliances.
- ☐ 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 supply off at the tank or cylinder.
- ☐ I have smelled propane gas and can detect its odor.
- ☐ I have been told to consider installing one or more gas detectors.
- ☐ I have received safety information and told to read it and share it with all family members.
- ☐ I am satisfied with the service work performed.

Service Technician (Print)	<i>Kevin Smith</i>	Service Technician (Signature)	<i>[Signature]</i>	Date	<i>10-9-26</i>
Customer (Print)	<i>Cust. Not here</i>	Customer (Signature)		Date	