

Confirmed  
SW

10/23/2025 8:41:51 AM

**WORK ORDER**

*\*Come in from the left side of Driveway/  
ground is soft.*

**Joel Smith**

312 Campbell Camp Circle  
Blue Ridge, GA 30513  
(706) 455-0196

Customer #: 204322  
Order #: 409980  
Location #: 280079  
Zone: B-005-TUE-  
Terms: Net 30

Tech: \_\_\_\_\_

**Map Code:**

**Service Code:** Propane Service

**Description:** ~~10/30/25~~ - T/I 325AG w/260G @2.599 - Run yard line 30-40ft.

*P1/6*

Run line from mech. room up through the floor to stub out for stove. H/U water heater onsite, already hung and vented. Call: 706-455-0196 Invoice - JB

<b>Date Ordered:</b> 10/23/2025	<b>Scheduled Date:</b>	<b>Est. Completion:</b>	<b>Start:</b>	<b>Stop:</b>
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**Name:**

**Last Service:** 9/3/2025

**Last Tune Up:**

**Contract:**

**SC Renewal:**

**Manufact:**

**Model:**

**Notes:**

**Instructions:**

**Service History:**

Date	Invoice #	Tech	Problem Reported	Service Notes
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# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 204322  
 Name: JOEL SMITH  
 Address: 312 CAMPBELL CAMP CIRCLE  
BLUERIDGE, GA. 30513  
 CALL: 706-455-0196

Date: 10/30/25  
 Instructions: T/I 325AG W/W260G @2.599. RUN YARD  
LINE 30-40FT. RUN LINE FROM MECH.ROOM UP THRU  
FLOOR TO STUB OUT FOR STOVE. H/U W/H ONSITE  
 Order #: 409980 ALREADY HUNG ONSITE..JB

**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. INVOICE

**Appliance Check:**

Appliance	W/H					
Manufacturer	Rinnai					
Model #	RX199					
Serial #	TG-BA/147316					
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> N/A
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> N/A
Electronic Ignition System	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> N/A
Venting System	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Taken Out of Service	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Container Check:**

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
320	790969	Good	Trinity	1993	A6	Good

**Regulator(s):**

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	REGO	V3403TR 01-2019	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MCC	MEGR-162E-HH 7 OCT 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.2	12.9

**Piping System Leak Test:**

**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
105 PSI	105 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes
WC	WC	Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments:

**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)	Alex CNEUSH AP	Service Technician (Signature)		Date	11-6-25
Customer (Print)		Customer (Signature)		Date	

