



# Gas System Check

733680

Account Number: 01-00738  
 Name: ~~Danny Boston Jr~~ Mary Hudson  
 Address: 1837 Hudson Rd  
 City: Leary State: GA ZIP: 39862  
 Telephone (Work): 229-581-3131 (Home): \_\_\_\_\_

Invoice Number: 750196  
 Date: 12-29-2025  
 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
<u>120</u>	<u>H913</u>	<u>Simco</u>

**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
<u>tank</u>	<u>9</u>	<u>9</u>	<u>10:55</u>	<u>10:58</u>

### System Leak Check

Test Stage Location	Starting Pressure (psi or w.c.)	Ending Pressure (psi or w.c.)	Start Time	End Time

### Regulator Check

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

### Installation Review

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)

Yes No

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, Benny V. [Signature]  
 Service Technician (Printed Name)  
[Signature]  
 Service Technician (Signature)

certify that I have completed the system check and installation review as described above.  
12 / 29 / 2025  
 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.