

2555687



Gas Appliance System Check

Account Number: G1-00831
 Name: JIM CRAMER
 Address: 2160 Murris Fleming Road
 City: Bronwood - Dawson State: Ga ZIP: 39842
 Telephone (Work): _____ (Home): 229-3434511

Invoice Number: 750337
 Date: 9-30-2025
 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	<u>KINNAI</u>							
Manufacturer	<u>Water Heater</u>							
Model #	<u>KE199EP</u>							
Serial #	<u>TD-UA-05934</u>							
Burner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustion Chamber	<input checked="" type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A
Manual Shutoff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sediment Trap	<input checked="" type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A
Pilot Safety System	<input checked="" type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A
Electronic Ignition System	<input checked="" type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A
Venting System	<input checked="" type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken Out of Service	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/> N/A

Installation Review

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

I, BILLY VAN Service Technician (Printed Name) certify that I have completed the system check and installation review as described above.
[Signature] Service Technician (Signature) 9 30 2025 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.