



Gas System Check

733681

Account Number: 01-00831
 Name: Jfm Creamea
 Address: 2160 Morris Fleming Rd
 City: Brownwood-Dawson State: GA ZIP: 39842
 Telephone (Work): _____ (Home): 343-4511

Invoice Number: 750337
 Date: 9-30-2025
 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>2790390</u>	<u>Manchester</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>10:15</u>	<u>10:18</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)

Yes No

I, BANK VIBON
Service Technician (Printed Name)
[Signature]
Service Technician (Signature)

certify that I have completed the system check and installation review as described above.

9/30/25
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.