

Account Number: 1-01090
 Name: Jimmy Murphy
 Address: 201 South W. 11 Dr
 City: Leesburg State: Ga ZIP: 31763
 Telephone (Work): 929-886-1773 (Home): _____

Invoice Number: 5750772
 Date: 12/23/25
 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>58</u>	<u>GA 40940</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>5:29</u>	<u>5:32</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.)
	correct incorrect		
	correct incorrect		
	correct incorrect		

Installation Review

- | | | | |
|--|---|--|---|
| Safety information and materials provided to customer | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Regulator(s) distance requirements are met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Container(s) distance requirements are met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Exterior gas piping is suitable for continued service | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Container(s) condition is suitable for continued service | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Dielectric isolation installed according to code for metallic pipe or tubing (if applicable) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Cathodic protection provided and documented per company policy (if applicable) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

I, Jacob McNeil Service Technician (Printed Name) certify that I have completed the system check and installation review as described above.
Jacob McNeil Service Technician (Signature) 12.23.25 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.
- 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.
- I have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories.



Gas Appliance System Check

Account Number: 1-01090
 Name: Jimmy Murphy
 Address: 201 Southhill Dr
 City: Leesburg State: Ga ZIP: 31763
 Telephone (Work): 929-886-1773 (Home): _____

Invoice Number: 5750772
 Date: 12/23/25
 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>Rimai</u>								
Manufacturer	<u>Hot Water</u>								
Model #	<u>RE199E</u>								
Serial #	<u>TG UA-111964</u>								
Burner	<input type="checkbox"/>								
Combustion Chamber	<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 type="checkbox"/>								
Sediment Trap	<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 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 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 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 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

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, Jacob Mendez Service Technician (Printed Name) certify that I have completed the system check and installation review as described above.
Jacob Mendez Service Technician (Signature) 12, 23, 25 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.
- I have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories.
- I have received safety information and been told to read it and share it with all family members.
- I am satisfied with the service work performed.