

WORK ORDER

Howard Hoke

262 Havenwood
Blairsville, GA 30512
(910) 603-7605

Customer #: 204192
Order #: 431860
Location #: 279914
Zone: B-003-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 12/05/2025 - T/I RINNAI 7.5 and C/C stove - kit onsite. Call:
910-603-7605 COD - JB

Date Ordered: 12/4/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:	Last Service: 11/24/2025	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 #: 204192
 Name: HOWARD HOKE
 Address: 262 HAVENWOOD
BLAIRSVILLE, GA 30512

Date: 12/05/2025
 Instructions: T/I RINNAI 7.5 AND C/C STOVE ONSITE
 CALL: 910-603-7605 COD - JB
 Order #: 431860

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	Stove	W.H.				
Manufacturer	Samsung	Rinnai				
Model #	NX60A631155/AA	REU-VC2528FF4D-US				
Serial #	0J457DAY200296E	PH.CA-121644				
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Manual Shutoff	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Pilot Safety System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<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	<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 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	<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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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
250	M2518004	Good	Trinity	2025	UG	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	R990	3403TR9	6/25		
2nd	Mec	1622	20/25	11.3	12.7

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
70 PSI	70 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	15 PSI	5 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)	Service Technician (Signature)	Date
	<i>James Behan</i>	12-5-25
Customer (Print)	Customer (Signature)	Date
	<i>Sherry Hoke</i>	12/5/25



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RINNAI WORK ORDER

Customer Acct #: 204192
 Name HOWARD HOKE
 Address 262 HAVENWOOD
BLAIRSVILLE, GA 30512

Date: 12/05/2025
 Instructions: T/I RINNAI 7.5 AND C/C STOVE ONSITE
CALL: 910-603-7605 COD - JB
 Order #: 431860

DESCRIPTION OF WORK	
COMMENTS:	
SERVICED BY:	

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
	10:40	1:40	3	100.00/hr	
			1.5	100.00/hr	150

FOR OFFICE USE ONLY

Performed leak check Yes No
 Gas check attached Yes No
 Leak check Initial JL

Start Pressure 70 End Pressure 70 Time Held 10 System OK Yes

% in Tank 38

AMOUNT REC'D

\$ _____

CASH CHECK # _____

CREDIT CARD

EXP. DATE _____

* I have received the Consumer Safety information & material.
 * I am satisfied with the work performed.
 * Customer agrees to pay all costs of collection, agency fees, court costs, and reasonable attorney fees in the event of default on payment.
 * Signing agrees to 3 year contract for discount.

Sherry Hoke
 CUSTOMER SIGNATURE

Retail Price		Contract Price	
7.5 Rinnai	\$1673.00	\$	1299.95
Standard Vent Kit	\$426.95	\$	0.00
Standard Install	\$400.00	\$	0.00
Total	\$2499.95	\$1299.95	1299.95
Tank Set		New Cust Special	
L.P. Gas /Gal		L.P. Gas /Gal	
Gallons		Gallons	
FRCC	\$9.79	FRCC	\$9.79
Fuel Total		Fuel Total	
Tank Lease/YR		1st yr Lease	
Total Materials			1816.18
Sub-Total			
Sales Tax			127.17
Tank Set Fee	\$250	Tank Set Fee	
Safety Inspection	\$129.95		\$29.95
Total Labor			150.00
Total charges			
Prepay Bal On Account			
Safe Appliance Savings			1200.00
<u>Safe Appliance Rebate</u>			<u>250.00</u>
TOTAL BALANCE DUE			<u>2093.35</u>