

Confirmed
JB

4/14/2025 2:46:09 PM

WORK ORDER

Juan Alba

30 Laurel Branch
Blue Ridge, GA 30513
(954) 451-4404

Customer #: 203789
Order #: 353920
Location #: 279390
Zone: B-006-TUE-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 04/21/2025 T/I 250AG w/200G@2.999-Run lines. T/I 32" Deluxe
FB w/Refractory Liner + Trim Kit w/ 18" Ponderosa log set +
timer. T/I Monitor Call: 954-451-4404 CCOF - JB

Date Ordered: 4/14/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service:

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 #: **203789**

Name: **JUAN ALBA**

Address: **30 LAUREL BRANCH
BLUE RIDGE, GA 30513**

Date: **04/21/2025**

Instructions: **T/I 250 W/200G@2.999-RUN LINES.T/I"32
DELUXE FB W/REFACTORY LINER+TRIM KIT.
W/ 18"PONDEROSA LOG SET+TIMER. T/I MONITOR.
CALL: 954-451-4404 CCOF - JB
Order #: 353920**

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	W/H	LOFSET	FURNACE		
Manufacturer	RINNAI	EMPIRE	TEMPSTAR		
Model #	REU UC. 2828 FUD	VFSR-184	R92MSN0601714A1		
Serial #	PFCA 086355	2506P403239	A244761031		
Burner/Combustion Chamber	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Manual Shutoff	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Electronic Ignition System	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Venting System	<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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
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 checked="" 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	M232527	GOOD	TRIARC	2023	A/B	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	REGO	340312	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	MEC	1622	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.1	12.6

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
100 PSI	100 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	15 PSI	15 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) BRIAN BRADLEY	Service Technician (Signature) 	Date
Customer (Print) 	Customer (Signature) 	Date



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RINNAI WORK ORDER

Customer Acct #: 203789
Name JUAN ALBA
Address 30 LAUREL BRANCH
BLUE RIDGE, GA 30513

Date: 4/21/25
Instructions: T/I 250W/200G@2.999 T/I 32" DELUXE F
W/REF LINER, TRIM KIT 18" PONDEROSA AND TIMER
Order #: T/I 7.5 RINNAI W/3YR CONTRACT. CCOF
353920

DESCRIPTION OF WORK
COMMENTS: <u>GET 250 W/200G@2.999 T/I RINNAI 7.5</u> <u>T/I W/REF LINER. TRIM KIT 18" PONDEROSA AND TIMER</u>
SERVICED BY: <u>BB/AW/JC/SC</u>

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
			1.5 HR	100.00/hr	INCLUDED IN
			30 min	100.00/hr	CONTRACT PRICE

FOR OFFICE USE ONLY			
Performed leak check	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Gas check attached	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Leak check	Initial <u>BD</u>		
Start Pressure	End Pressure	Time Held	System OK
<u>100</u>	<u>190</u>	<u>10</u>	<input checked="" type="checkbox"/>

% in Tank

AMOUNT REC'D
\$
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK #
<input type="checkbox"/> 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 <u>3</u> year contract for discount.
<u>Juan Alba</u> 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 3.299	L.P. Gas /Gal 2.999	
Gallons 200	Gallons 200	
FRCC \$9.79	FRCC \$9.79	9.79
Fuel Total 659.80	Fuel Total 599.80	599.80
Tank Lease/YR 99.00	1st yr Lease FREE	FREE
Total Materials		
Sub-Total		5622.52
Sales Tax		390.15
Tank Set Fee \$250	Tank Set Fee 20.00	20.00
Safety Inspection \$129.95	\$29.95	29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		1500.13
Safe Appliance Rebate		500.00
TOTAL BALANCE DUE		6012.67