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RINNAI WORK ORDER

Customer Acct #: 203393
Name JAVIER FIGUEORA
Address 233 HUNTER RD
JEFFERSON GA 30549

Date: 4.21.25
Instructions: FINAL H/U
Order #:

DESCRIPTION OF WORK

COMMENTS: Installed first and second stage Regulator. Connected to yard line and house. Performed leak test at 100 psi for 10 mins. no leaks found. All appliances in working condition. 80% in tank
SERVED BY: OD

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
				100.00/hr	120.00
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check ☒ Yes ☐ No
Gas check attached ☒ Yes ☐ No
Leak check Initial OD

Start Pressure 100 End Pressure 100 Time Held 10 mins System OK yes

% in Tank 80%

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 _____ year contract for discount.

CUSTOMER SIGNATURE

Retail Price

Contract Price

Rinnai \$	\$
Standard Vent Kit \$	\$
Standard Install \$	\$
Total \$	\$

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	146.37
Sub-Total	
Sales Tax	10.25
Tank Set Fee \$250	Tank Set Fee
Safety Inspection \$129.95	\$29.95
Total Labor	
Total charges	
Prepay Bal On Account	

Safe Appliance Savings

\$300—

TOTAL BALANCE DUE

256.62



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: **203393**Date: **4.21.25**Name: **JAVIER FIGUEORA**Instructions: **FINAL H/U**Address: **233 HUNTER RD**

Order #:

JEFFERSON GA 30549

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	Furnace	Coolest				
Manufacturer	Goodman					
Model #	Gr 95801005 CMA	NLV				
Serial #	2412525242	NLV				
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<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
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<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
Electronic Ignition System	<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
Venting System	<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
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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	<input type="checkbox"/> Yes <input type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
500	m2427551	Good	ARC	2024	W/G	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	mec	11/22	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	mec	12/22	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.5"	12.5"

Piping System Leak Test:**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
100 PSI	130 PSI	10 Mins	<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> Yes
WC	WC	Mins	<input type="checkbox"/> No	PSI	PSI	Mins	<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)	Owen Brims	Service Technician (Signature)	Owen Brims	Date	4/21/25
Customer (Print)		Customer (Signature)		Date	4/21/25