

WORK ORDER

LINDA RICE - GARAGE

314 SUN ROCK MOUNTAIN TRACE
BLUE RIDGE, GA 30513
(706) 633-8111

Customer #: 30264
Order #: 362168
Location #: 252241
Zone: B-005-TUE-
Terms: Net 30

Tech:

Map Code:

Service Code: Propane Service

Description: 5/16. T/I 7.5 in upstairs apartment. Mike Sands needs to do this and get with me on price once installation is complete. ok to charge. kpf

Date Ordered: 5/13/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
Name: Heating System				
Contract:				
Manufact:				
Notes:				
Instructions:				
Last Service: 1/18/2025				
SC Renewal:				
Model:				
Last Tune Up:				
Service History:				
Date	Invoice #	Tech	Problem Reported	Service Notes

C



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: **30264**

Name: **LINDA RICE- GARAGE**

Address: **314 SUN ROCK MOUNTAIN TRACE
BLUE RIDGE, GA 30513**

Date: **05/16/2025**

Instructions: **T/I 7.5 RINNAI UPSTAIRS APARTMENT**

**MIKE TO GO. GET WITH ME ON PRICING ONCE
COMPLETED. OK TO CHARGE ACCT. - KPF/JB**

Order #: **362168**

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/IH				
Manufacturer	Whirlpool	Rinnai				
Model #	NX60AB11SS/AA	REU-VC28FFVD-US				
Serial #	054P7DAY200859X	PH.CA-126164				
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 checked="" 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
250	M2224400	good	Iniac	2022	ug	good

Regulator(s):

Manufacturer		Model	Regulator Date	Regulator Venting		Flow/Delivery Pressure	Lock-Up Pressure
Twin	Rego	40439	01D20	<input checked="" type="checkbox"/> Correct	<input type="checkbox"/> Incorrect	11.1	12.9
1st				<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect		
2nd				<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect		

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 <input type="checkbox"/> No	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
WC	WC	Mins					

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)	Alex cash	Service Technician (Signature)		Date	
Customer (Print)	Linda Rice	Customer (Signature)		Date	

