

RESIDENTIAL



GAS APPLIANCE SYSTEM CHECK



Account Number 00880  
 Name Fred Newell  
 Address 212 Pebble Ridge  
Lansburg VA 23176  
 Telephone: Office \_\_\_\_\_ Home \_\_\_\_\_

Company/Location Ever Glo Propane  
 Call Date \_\_\_\_\_ Date Requested \_\_\_\_\_  
 Call Taker Name \_\_\_\_\_  
 Instructions \_\_\_\_\_

Performance Check: Item	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	Gas Leaks 6	7
Manufacturer			RINNAI				
Model No.			RE19910				
Serial No.			SJ. VA-132013				
Fuel			LP				
Manual Shutoff (Installed/Existing)			YES				
Sediment Trap (Installed/Existing)			YES				
Control Mfr./Model No.			RINNAI				
Pilot(s)/Pilot Safety System			RINNAI				
Ignition System(s) Mfr./Model No.			RINNAI				
Thermostats Mfr./Model No.			RINNAI				
Burner(s)/Combustion Chamber			OK				
Venting System/Draft Diverter			OK				
Combustion Air			OK				
Red Tag (Removed from Service)/Recall			—				

TANK/CYLINDER (Additional Serial No.'s):

SIZE	SERIAL NUMBER	MFG.	MFG. DATE	LAST TEST DATE	LOCA-TION	TANK COND.	PAINT COND.	PIGTAIL COND.	FITTINGS COND.	GUAGE COND.	RELIEF VALVE			FITTINGS LEAK TEST
											COND.	DATE	CAP	
500	25X0 11736	ALVT	1999	11-18-21	Front	L	L	✓	✓	✓	✓	9912	✓	✓
												Shwed		

PIPING/REGULATOR OPERATION/CONDITION

SINGLE STAGE	PIPING		REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK UP PRESSURE
	MATERIAL	SIZE								
TWO STAGE	1st	Copper 1/2	12-99	REGO	used	RV3403	H	Panel	10 PSIG	11 PSIG
	2nd	EBBTA 1 1/4	02-00	FISHL	used		✓	None	14 IN WC	14 IN WC

SYSTEM LEAK TEST

SINGLE STAGE/INTEGRAL/SECOND STAGE	START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
TWO STAGE	9	9	15	BAU

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This inspection covers (propane/LP-gas) items and equipment visible and 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 working of sealed equipment, or structural components, and cannot be construed to cover future or unforeseen happenings.

I, Trey Newell (Please Print)

Reference Invoice No. 15185 Date 11-27-24  
 I, BARRY N. VANN (Please Print)

- Know how to turn off gas in case of emergency.
- Have smelled propane and can detect its odor.
- Have received the Consumer Safety information and material.
- Had gas system deficiencies and/or corrections, if any, clearly explained to me.
- Am satisfied with the service work performed.

Certify that I have completed the System Check as prescribed  
 Performed Odor Test  Yes Performed Leak/Pressure Test  Yes  
 Placed Safety Decal  Yes Left Consumer Safety Info and Material  Yes

Trey Newell  
 (Customer's Signature)

[Signature]  
 (Service Technician's Signature)