

PARTNERS

Propane of G.A. Inc.

Propane System Check

Customer Name <u>Ty Anschlark</u>				Date of service <u>7/30/25</u>	
Address <u>615 Macon St</u>		City <u>Reynolds</u>		State <u>GA</u>	Zip <u>31076</u>
Home/ Work/Cell Phone #		Arrived <input type="checkbox"/> AM <input type="checkbox"/> PM		Departed <input type="checkbox"/> AM <input type="checkbox"/> PM	
Purpose of Service <input type="checkbox"/> New Customer <input type="checkbox"/> Interruption of Service <input type="checkbox"/> Leak/Odor Complaint <input type="checkbox"/> Other _____					
Appliance Type	Manufacturer	Model #	Serial #	Manual Shutoff	Appliance Taken Out of Service
<u>Water Heater</u>	<u>Rheem</u>	<u>PROG 50-368 RH60</u>	<u>Q10254442</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input checked="" 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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

TANK/CYLINDER

Tank Size <u>250</u>	<input checked="" type="checkbox"/> AG <input type="checkbox"/> UG <input type="checkbox"/> AG/UG	Manufacturer	Serial # <u>25607A020</u>
Tank Size	<input type="checkbox"/> AG <input type="checkbox"/> UG <input type="checkbox"/> AG/UG	Manufacturer	Serial #
DOT Cylinder(s) within requalification date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date / /		Leak test performed on container fitting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Container distance requirements met? <input type="checkbox"/> Yes <input type="checkbox"/> No		Exterior gas piping suitable for continued service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Container condition suitable for service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dielectric isolation installed according to code for metallic pipe or tubing if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cathodic Protection provided, tested and documented <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Dielectric isolation already installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REGULATOR (S)

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-up Pressure
<u>Rotary</u>		<u>2005</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		<u>12"</u>
			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		

PIPING SYSTEM LEAK TEST

NEW PIPING PRESSURE TEST

Test Location	Start Pressure	End Pressure	Start Time	End Time	Pressure Held	Test Location	Start Pressure	End Pressure	Start Time	End Time	Pressure Held
<u>Reg</u>	<u>9</u> PSI <u>9</u> WC	<u>9</u> PSI <u>9</u> WC	<u>5 min</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u> </u> PSI <u> </u> WC	<u> </u> PSI <u> </u> WC			<input type="checkbox"/> Yes <input type="checkbox"/> No

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COMMENTS ON SERVICE/REPAIR/ALTERATIONS

This inspection covers gas distribution system equipment 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 existing on the date of inspection.

- ☐ 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 am satisfied with the service work performed.
- ☐ I have received the safety information and been told to read and share it with all family members.
- ☐ I have read and have been explained and understand the above statements.

COMMENTS _____

Service Technician (Print) <i>Cody</i>	Service Technician (Signature) <i>Cody Rust</i>	Date <i>7/30/25</i>
Customer (Print) <i>Ty Hirschbach</i>	Customer (Signature) <i>Ty Hirschbach</i>	Date <i>8/7/2025</i>