



Propane System Check

Customer Name <u>Angelina Vorase</u>				Date of service <u>10/3/12</u>	
Address <u>844 Brown Rd</u>		City <u>Juncton City</u>		State <u>Ga</u>	Zip <u>31812</u>
Home/ Work/Cell Phone #		Arrived ☐ AM ☐ PM		Departed ☐ AM ☐ PM	
Purpose of Service ☐ New Customer ☐ Interruption of Service ☐ Leak/Odor Complaint ☒ Other <u>Replaced w/H</u>					
Appliance Type	Manufacturer	Model #	Serial #	Manual Shutoff	Appliance Taken Out of Service
<u>Water Heater</u>	<u>Rheem</u>	<u>Picg40-32P RH62</u>	<u>Q232528273</u>	☒ Yes ☐ No	☐ Yes ☒ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No

TANK/CYLINDER

Tank Size <u>250</u>	☒ AG ☐ UG ☐ AG/UG	Manufacturer	Serial # <u>256667102</u>
Tank Size	☐ AG ☐ UG ☐ AG/UG	Manufacturer	Serial #
DOT Cylinder(s) within requalification date? ☐ Yes ☐ No ☒ N/A Date <u>/ /</u>		Leak test performed on container fitting? ☒ Yes ☐ No	
Container distance requirements met? ☒ Yes ☐ No		Exterior gas piping suitable for continued service? ☒ Yes ☐ No	
Container condition suitable for service? ☒ Yes ☐ No		Dielectric isolation installed according to code for metallic pipe or tubing if applicable? ☐ Yes ☐ No	
Cathodic Protection provided, tested and documented ☐ Yes ☐ No ☒ N/A		Dielectric isolation already installed? ☐ Yes ☐ No	

REGULATOR (S)

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-up Pressure
<u>Fisher</u>	<u>R632-HCF</u>	<u>12-03</u>	☒ Correct ☐ Incorrect		<u>11" WC</u>
			☐ Correct ☐ Incorrect		
			☐ Correct ☐ 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>1</u>	<u>9</u> PSI <u>9</u> WC	<u>9</u> PSI <u>9</u> WC	<u>3:46</u>	<u>3:45</u> <u>5 min</u>	☒ Yes ☐ No		<u> </u> PSI <u> </u> WC	<u> </u> PSI <u> </u> WC			☐ Yes ☐ No

PARTNERS
Propane of G.A. Inc.
Propane System Check

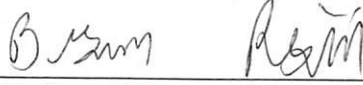
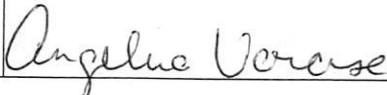
COMMENTS ON SERVICE/REPAIR/ALTERATIONS

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

Replaced w/H

Service Technician (Print) Brandon Rustin or Aj Robinson	Service Technician (Signature) 	Date 10/3/25
Customer (Print) Angelina Vorase	Customer (Signature) 	Date 10/3/25