RESIDENTIAL

GAS CHECK™

GAS APPLIANCE SYSTEM CHECK

GAS CHECK™

#5(

Account Number 95305

Name Eldonna Wilkinson

Address 4533 North Depot

Learn Ga. 39862

Telephone: Office _____ Home _____

Company/Location EverGlo Propane Gas

Call Date _____ Date Requested 1-15-25

Call Taker Name _____

Instructions install Rinnai Hotwater

Performance Check: Item	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	6	
Manufacturer			RINNAI				
Model No.			RE180EP				
Serial No.			REU-UE2432WP-US-P				
Fuel			LP				
Manual Shutoff (Installed/Existing)			Yes				
Sediment Trap (Installed/Existing)			Yes				
Control Mfgr./Model No.			RINNAI				
Pilot(s)/Pilot Safety System			RINNAI				
Ignition System(s) Mfgr./Model No.			RINNAI				
Thermostats Mfgr./Model No.			RINNAI				
Burner(s)/Combustion Chamber			✓				
Venting System/Draft Diverter			✓				
Combustion Air			✓				
Red Tag (Removed from Service)/Recall			—				

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

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCATION	TANK COND.	PAINT COND.	PIGTAIL COND.	FITTINGS COND.	GUAGE COND.	RELIEF VALVE COND.	RELIEF VALVE DATE	RELIEF VALVE CAP	FITTING LEAK TE
120	25A0110'18	AWJT	1994	1-15-2025	S	G	G	N	G	G	G	1094	✓	✓

PIPING/REGULATOR OPERATION/CONDITION

SINGLE STAGE		PIPING MATERIAL	PIPING SIZE	REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK UP PRESSURE
		C								IN WC	IN WC
TWO STAGE	1st	Copper	1/2	407	Rego	New	LV4404A6	H	Dome	10 PSIG	10 PSIG
	2nd									IN WC	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STAGE		START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
TWO STAGE	1st	9	9	15	BAU
	2nd				

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 defects or unforeseen happenings.

I, Mrs. Eldon Wilkinson
(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.

Mrs. Eldon Wilkinson
Customer's Signature

Reference Invoice No. 15316 Date 1-15-2025

I, Brad Vann
(Please Print)

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

(Service Technician's Signature)