

GASCheck - Gas Appliance System Check

Account Name _____ Invoice Number _____ Date 12/30/24
 Name Cameron Calhoun Company Sikes Propane, Inc.
 Address 212 South Fork Dr. Call Taken By _____
 City Baxley State GA Zip 31513 Telephone (Cell) 912-347-7806 (Home) _____

Appliance Check

Appliance	<u>water heater</u>					
Manufacturer	<u>Rinnai</u>					
Model #	<u>RL75e</u>					
Serial #	<u>PD-CA-067748</u>					
BTU's	<u>180,000</u>					
Burner / Com. Chamber	<u>ok</u>					
Man. Shutoff / Sed. Trap	<u>existing</u>					
Control / Pilot Safety System	<u>ok</u>					
Venting System	<u>ok</u>					
Age	<u>new</u>					
Taken Out Of Service Or Operation						

Container Check

Size	Serial #	Manufacturer	MFR. Date	Location	Container Condition	Relief Valve	Fittings Leak Check
<u>120</u>	<u>255033300</u>	<u>American W.</u>	<u>2000</u>	<u>ok</u>	<u>ok</u>	<u>07-00</u>	<u>ok</u>

Pressure Test (If Applicable)

Start Pressure	End Pressure	Time Held	Pressure Held	Work Order
<u>125psi.</u>	<u>125psi.</u>	<u>10min.</u>	☒ <u>N</u>	☒ <u>N</u>

Piping Check

Materials	Size	Cover / Protection
<u>coated copper</u>	<u>1/2"</u>	<u>ok</u>

System Leak Check

Start Pressure	End Pressure	Time Held	Pressure Held	Work Order
<u>9in.wc</u>	<u>9in.wc</u>	<u>10min.</u>	☒ <u>N</u>	☒ <u>N</u>

Regulator Check

Type	Manufacturer	Date / Model	Vent Position / Protection
<u>twin</u>	<u>Roge</u>	<u>08A00/LV404B23</u>	<u>OK</u>

Safety Information Supplied:

Comments: Please note all repairs and corrections made along with any recommended actions