

1/13/2025 12:56:16 PM

# WORK ORDER

## Greg Rimmer dba Bear Eye Care

3831 E 1st St  
Blue Ridge, GA 30513  
(706) 632-1995

Customer #: 203194  
Order #: 313037  
Location #: 278693  
Zone: B-006-TUE-  
Terms: Net 30

Tech: \_\_\_\_\_

### Map Code:

Service Code: Propane Service

Description: 1/13 T/I 250 w/100 @ 2.999. Pump existing tank. Follow up  
with Finish fill. COD. *Light pol: f Furnace*

Date Ordered: 1/13/2025

Scheduled Date:

Est. Completion:

Start:

Stop:

Name: Business Tank

Last Service:

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions: Cash Req

### Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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# RINNAI WORK ORDER

Customer Acct #: 203194  
Name GREG RIMMER DBA BEAR EYE CARE  
Address 3831 E 1ST STREET  
BLUE RIDGE, GA 30513

Date: 1/13/25  
Instructions T/I 250W/100@2.999G PUMP EXISTING TANK  
FOLLO UP WITH FINISH FILL. COD Light Furnace  
Order #: 313037

DESCRIPTION OF WORK
COMMENTS:
SERVICED BY:

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
				100.00/hr	
				100.00/hr	

FOR OFFICE USE ONLY	
Performed leak check	Yes ____ No ____
Gas check attached	Yes ____ No ____
Leak check	Initial ____
Start Pressure	End Pressure
Time Held	System OK

% in Tank
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AMOUNT REC'D
\$
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK #
<input type="checkbox"/> CREDIT CARD
#
EXP. DATE
<small>* I have received the Consumer Safety information &amp; material.</small>
<small>* I am satisfied with the work performed.</small>
<small>* Customer agrees to pay all costs of collection, agency fees, court costs, and reasonable attorney fees in the event of default on payment.</small>
<small>* Signing agrees to _____ year contract for discount.</small>
CUSTOMER SIGNATURE

Retail Price	Contract Price	
Rinnai \$	\$	
Standard Vent Kit \$	\$	
Standard Install \$	\$	
Total \$	\$	
Tank Set	New Cust Special	
L.P. Gas /Gal 3.299	L.P. Gas /Gal 2.999	
Gallons 100	Gallons 100	
FRCC \$9.79	FRCC \$9.79	9.79
Fuel Total 329.90	Fuel Total 299.90	299.90
Tank Lease/YR 99.00	1st yr Lease FREE	FREE
Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee \$250	Tank Set Fee 20.00	20.00
Safety Inspection \$129.95	\$29.95	29.95
Total Labor		
Total charges		
Prepay Bal On Account		
Safe Appliance Savings		469.03
Safe Appliance Rebate		300.00
TOTAL BALANCE DUE		





# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203194

Date: 1/13/25

Name: GREG RIMMDER DBA BEAR EYE CARE

Instructions: T/I 250W/100G@2.999 PUMP EXISTING.

Address: 3831 E 1ST STREET

FOLLOW UP WITH FINISH FILL. COD *Light Furnace*

BLUE RIDGE, GA 30513

Order #: 313037

**Disclaimer:** This inspection covers gas equipment and appliances 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.

## Appliance Check:

Appliance	LOGSET	FURNACE				
Manufacturer	SUPIOR	BRYAN				
Model #	2768416	CNPVT 6024TAA BAA				
Serial #	NV	3709X23299				
Burner/Combustion Chamber	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Electronic Ignition System	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Venting System	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Taken Out of Service	<input type="checkbox"/> Yes <input checked="" 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

## Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M 2417353	GOOD	TRINAC	2024	AG	GOOD

## Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	RGS	3404TR	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rgs	4404	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.1	12.1

## Piping System Leak Test:

## Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
05 PSI	65 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes
WC	WC	Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments:

## Customer Acknowledgment:

I acknowledge, by checking each of the following items, that:

- ☐ 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 have been told to consider installing one or more gas detectors.
- ☐ I have received safety information and told to read it and share it with all family members.
- ☐ I am satisfied with the service work performed.

Service Technician (Print) <i>BRIAN BRADLEY</i>	Service Technician (Signature) <i>[Signature]</i>	Date 1-13-25
Customer (Print) <i>[Signature]</i>	Customer (Signature) <i>[Signature]</i>	Date