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RINNAI WORK ORDER

Customer Acct #: 203112

Date: 3.7.25

Name DANIIL BAZAN

Instructions: FINAL H/U

Address 2330 HWY 124

Order #: _____

JEFFERSON GA 30549

DESCRIPTION OF WORK

COMMENTS: Installed first stage regulator on tank. connected to yard line. performed leak test at 100 PSI for 10 mins no leaks found. All appliances in working condition. 75% in tank

SERVICED BY: OD

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
3/7/25	9:30	10:20	50 min	100.00/hr	100.00
				100.00/hr	

FOR OFFICE USE ONLY

Performed leak check ☒ Yes ☐ No

Gas check attached ☒ Yes ☐ No

Leak check Initial OD

Start Pressure 100 End Pressure 100 Time Held 10mins System OK yes

% in Tank 75 020

AMOUNT REC'D

\$ 100.00

☐ CASH ☐ CHECK # _____

☒ CREDIT CARD

called office

EXP. DATE _____

- * I have received the Consumer Safety information & material.
- * I am satisfied with the work performed.
- * Customer agrees to pay all costs of collection, agency fees, court costs, and reasonable attorney fees in the event of default on payment.
- * Signing agrees to _____ year contract for discount.

Ilain Bazan
CUSTOMER SIGNATURE

Retail Price

Rinnai \$

Contract Price

\$

Standard Vent Kit \$

\$

Standard Install \$

\$

Total \$

\$

Tank Set

New Cust Special

L.P. Gas /Gal

L.P. Gas /Gal

Gallons

Gallons

FRCC \$9.79

FRCC \$9.79

Fuel Total

Fuel Total

Tank Lease/YR

1st yr Lease

Total Materials

Sub-Total

Sales Tax

Tank Set Fee \$250

Tank Set Fee

Safety Inspection \$129.95

\$29.95

Total Labor

Total charges

Prepay Bal On Account

Safe Appliance Savings

\$200.00

TOTAL BALANCE DUE

100.00



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203112

Date: 3.7.25

Name: DANIEL BAZAN

Instructions: FINAL H/U

Address: 2930 HWY 124

JEFFERSON GA 30549

Order #:

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	Cooktop	Cooktop	Water heater			
Manufacturer	DACOR	Dacor	Navian			
Model #	DOD48C96DLM	N/V	NPE-240A2			
Serial #	0L8Y7DPW600027P	N/V	2081B2492059018			
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" 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 checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" 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 checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" 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 checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
500	M2427532	L	ARC	2024	4/6	L

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	MEC	1122	04MAR24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	MEC	1222	26Oct23	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11 12

Piping System Leak Test:**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
100 PSI	100 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: 75% IN TANK All Appliances IN working condition

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)	Mason Nix	Service Technician (Signature)	Mason Nix	Date	03/07/25
Customer (Print)	Maria Bazan	Customer (Signature)	Maria	Date	3.7.25