

Confirmed Cr

2/24/2025 11:37:56 AM

# WORK ORDER

**Lindsey Clark**

60 Tomtom Trail  
Blue Ridge, GA 30513  
(786) 282-8663

Customer #: 203534  
Order #: 332508  
Location #: 279094  
Zone: B-010-THU-  
Terms: Net 30

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

Map Code:

Service Code: Propane Service

Description: 2/26/25 T/I 250ag w200g@2.999, lines are there. Call Reynold  
786-838-7949 CCOF VM

Date Ordered: 2/24/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service:

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

## Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 203534

Name: LINDSEY CLARK

Address: 60 TOMTOM TRAIL

BLUE RIDGE, GA 30513

Date: 2/26/25

Instructions: T/I 250AGW/200G@2.999G DROP IN. CALI

REYNOLD 786-838-7949. CCOF

Order #: 332508

**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	<u>Logset</u>	<u>Furnice</u>				
Manufacturer	<u>Martin</u>	<u>Leneeh</u>				
Model #	<u>5500TVP</u>	<u>PROG50-36P RH60</u>				
Serial #	<u>00050052</u>	<u>Q10231313P</u>				
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input 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 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 checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input 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 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 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 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 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
<u>250</u>	<u>M2429779</u>	<u>Good</u>	<u>Trigler</u>	<u>2024</u>	<u>AG</u>	<u>Good</u>

## Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	<u>MEC</u>	<u>1622H</u>	<u>02 JUL 22</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	<u>Rego</u>	<u>NV</u>	<u>NV</u>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<u>11.3</u>

## Piping System Leak Test:

## Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>100</u> PSI	<u>100</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> Yes
			<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) <u>Alvin Wilson</u>	Service Technician (Signature) <u>[Signature]</u>	Date <u>2-26-25</u>
Customer (Print) <u>[Signature]</u>	Customer (Signature) <u>[Signature]</u>	Date





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# RINNAI WORK ORDER

Customer Acct #: 203534  
Name LINDSEY CLARK  
Address 60 TOMTOM TRAIL  
BLUE RIDGE, GA 30513

Date: 2/26/25  
Instructions: T/I 250AGW/200G@2.999G DROP IN.  
CALL REYNOLD 786-838-7949. CCOF  
Order #: 332534

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
* 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.
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 200	Gallons 200	
FRCC \$9.79	FRCC \$9.79	9.79
Fuel Total 659.80	Fuel Total 599.80	599.80
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		500.13
Safe Appliance Rebate		300.00
TOTAL BALANCE DUE		