

WORK ORDER

Tracy Canterbury

245 Mountain Retreat
Morganton, GA 30560
(941) 225-3472

Customer #: 203519

Order #: 332526

Location #: 279074

Zone: B-012-FRI-

Terms: Net 30

Tech: _____

Map Code:**Service Code:** Propane Service

Description: 2/28/25 T/I 325ag, run yard line & hook up stove. Call
941-225-3472 CCOF VM T/Monitor

Go after lunch

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 #: 203519

Name: TRACY CANTERBURY

Address: 245 MOUNTAIN REETREAT
MORGANTON, GA 30560

Date: 2/28/25 W/50G@2.999

Instructions: T/I 325AG, RUN YARD LINE

Order #: 332526

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	Cash Top	W/H				
Manufacturer	Kitchen-Aid	Pinnai				
Model #	KCCDS06CSS05	SD-BA-018278				
Serial #	DD1803551	PCU-NB3237FF-45				
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
325	1435248	Good	Quincy	2022	AC	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	MEX	1622	2-Jul-22	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	1750	4403Y4	2-24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.8
					13.4

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:

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)	Service Technician (Signature)	Date
Alan Dwyer	[Signature]	2-28-25
Customer (Print)	Customer (Signature)	Date
	[Signature]	



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RINNAI WORK ORDER

Customer Acct #: 203519

Name TRACY CANTERBURY

Address 245 MOUNTAIN RETREAT

MORGANTON, GA 30560

Date: 2/28/25

Instructions: T/I 325AGW/50G@2.999 RUN YARD-LINE &
STOVE. CALL 941-225-3472. CCOF T/I MONITOR

Order #: 332526

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

AMOUNT REC'D

\$

☐ CASH ☐ CHECK #

☐ 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.

* Signifying agrees to year contract for discount.

CUSTOMER SIGNATURE

Retail Price

 Rinnai \$

Standard Vent Kit \$

Standard Install \$

Total \$

Contract Price

\$

\$

\$

\$

Tank Set

L.P. Gas /Gal **3.299**

Gallons **50**

FRCC \$9.79

Fuel Total **164.95**

Tank Lease/YR **99.00**

Total Materials

Sub-Total

Sales Tax

Tank Set Fee \$250

Safety Inspection \$129.95

Total Labor

Total charges

Prepay Bal On Account

New Cust Special

L.P. Gas /Gal **2.999**

Gallons **50**

FRCC \$9.79

Fuel Total **149.95**

1st yr Lease **FREE**

Tank Set Fee **20.00**

\$29.95

Safe Appliance Savings

Safe Appliance Rebate 200.00

TOTAL BALANCE DUE