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# RINNAI WORK ORDER

Customer Acct #: 203486  
Name: LES PATCH  
Address: 132 STEWART LOOP RD  
JEFFERSON GA 30549

Date: 3.14.25  
Instructions: FINAL H/U  
Order #:

## 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. 15% in tank. All appliances in working condition.

SERVICED BY: OD

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
3/14/25	12:00	1:00	1 hr	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 End Pressure Time Held System OK  
100 100 10 mins Yes

% in Tank 15%

### AMOUNT REC'D

\$ 100.00

☐ CASH ☐ CHECK #

☐ CREDIT CARD

# C209

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.

*Les Patch*  
CUSTOMER SIGNATURE

Retail Price		Contract Price	
Rinnai	\$	\$	
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			\$500
TOTAL BALANCE DUE			100.00



# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: **203486**Date: **3.14.25**Name: **LES PATCH**Instructions: **FINAL H/U**Address: **132 STEWART LOOP RD****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	Water heater	Furnace	Cooling			
Manufacturer	Bradford	Goodman	Goodman			
Model #	RG250T67	CHPTA620D3AA	FB551A-3041T			
Serial #	AH54144482	2410224829	24100325			
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 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 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 type="checkbox"/> Ok <input checked="" 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
32.5	25H253170	Good	American	1998	A/B	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	mcl	1122	05 mar 24		
2nd	mcl	1222	28 mar 24	12.5"	13.5"

**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				<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): <b>Owen Dicks</b>	Service Technician (Signature): <i>Owen Dicks</i>	Date: <b>3/14/25</b>
Customer (Print):	Customer (Signature): <i>Les Patch</i>	Date: