

3/25/2025 3:07:24 PM

WORK ORDER

Barbara Koehler

270 CREST ROAD
BLAIRSVILLE, GA 30512
(813) 546-1600

Customer #: 28008
Order #: 345607
Location #: 257908
Zone: B-003-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: T/I Rx160 Swap out old one. Call (813) 546-1600 CCOF VM

| | | | | |
|-------------------------|-----------------|------------------|--------|-------|
| Date Ordered: 3/25/2025 | Scheduled Date: | Est. Completion: | Start: | Stop: |
|-------------------------|-----------------|------------------|--------|-------|

Name: Heating System

Last Service: 5/14/2024

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

Service History:

| Date | Invoice # | Tech | Problem Reported | Service Notes |
|------|-----------|------|------------------|---------------|
|------|-----------|------|------------------|---------------|



PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 28008

Date: 3/25/25

Name: BARBARA KOEHLER

Instructions: T/I RX160, SWAP W/ OLD UNIT CALL
813-546-1600 CCOF VM

Address: 270 CREST ROAD

BLAIRSVILLE, GA 30512

Order #: 345607

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>WHP</u> | | | | | |
| Manufacturer | <u>Bim</u> | | | | | |
| Model # | <u>REVND2530FFUSN</u> | | | | | |
| Serial # | <u>SHBA-140431</u> | | | | | |
| Burner/Combustion Chamber | <input checked="" 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 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 | <input type="checkbox"/> Ok <input type="checkbox"/> N/A |
| Sediment Trap | <input checked="" 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 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 | <input type="checkbox"/> Ok <input type="checkbox"/> N/A |
| Electronic Ignition System | <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 | <input type="checkbox"/> Ok <input type="checkbox"/> N/A |
| Venting System | <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 | <input type="checkbox"/> Ok <input type="checkbox"/> N/A |
| Combustion Air | <input checked="" 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 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>410248</u> | <u>Good</u> | <u>W</u> | <u>W</u> | <u>AG</u> | <u>✓</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>Rego</u> | <u>4403</u> | <u>W</u> | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | |
| 2nd | <u>Rego</u> | <u>3403</u> | <u>1200</u> | <input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect | <u>11.9</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 | <u>15</u> PSI | <u>15</u> PSI | <u>10</u> 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) | <u>Mark Hopper</u> | Service Technician (Signature) | Date |
| Customer (Print) | <u>CNP</u> | Customer (Signature) | Date |



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RINNAI WORK ORDER

Customer Acct #: **28008**
Name **BARBARA KOEHLER**
Address **270 CREST ROAD**
BLAIRSVILLE, GA 30512

Date: **3/25/25**
Instructions: **T/I RX160, SWAP OUT W/ OLD UNIT.**
CALL 813-546-1600 CCOF VM
Order #: **345607**

| DESCRIPTION OF WORK |
|---|
| COMMENTS: <u>Installed Rx160 Full install</u> |
| |
| |
| |
| SERVICED BY: |

| DATE | START TIME | FINISH TIME | TOTAL TIME | LABOR RATE | AMOUNT |
|------|------------|-------------|------------|------------|----------------|
| | | | 1.5 HR | 100.00/hr | PRICE INCLUDED |
| | | | | 100.00/hr | W/ CONTRACT |

| FOR OFFICE USE ONLY | | | |
|----------------------|---|-----------------------------|-------------------------------------|
| Performed leak check | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Gas check attached | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Leak check | Initial <u>MH</u> | | |
| Start Pressure | End Pressure | Time Held | System OK |
| <u>100</u> | <u>100</u> | <u>10</u> | <input checked="" type="checkbox"/> |

% in Tank

| AMOUNT REC'D |
|--|
| \$ _____ |
| <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ |
| <input checked="" type="checkbox"/> CREDIT CARD <u>CCOF</u> |
| # _____ |
| 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 <u>3</u> year contract for discount. |
| CUSTOMER SIGNATURE _____ |

| Retail Price | | Contract Price | |
|------------------------|-----------|------------------|---------|
| RX160 Rinnai | \$2068.00 | \$ 1999.95 | |
| Standard Vent Kit | \$481.95 | \$ 0.00 | |
| Standard Install | \$ 400.00 | \$ 0.00 | |
| Total | \$2949.95 | \$1999.95 | 1999.95 |
| 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 | | | 2291.27 |
| Sub-Total | | | |
| Sales Tax | | | 160.40 |
| Tank Set Fee | \$250 | Tank Set Fee | |
| Safety Inspection | \$129.95 | | \$29.95 |
| Total Labor | | | |
| Total charges | | | |
| Prepay Bal On Account | | | |
| Safe Appliance Savings | | | 950.00 |
| Safe Appliance Rebate | | | 200.00 |
| TOTAL BALANCE DUE | | | 2451.67 |