

Grade: #6368

JCot

8/18/2026 12:16:04 PM

WORK ORDER

Chris Todd

394 Blackberry Circle
Ellijay, GA 30536
(706) 273-6368

Customer #: 206553
Order #: 536131
Location #: 282830
Zone: B-031-MON-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 8/20/26 GO FIRST T/I 120ag w/100g @3.599 lines ran c/c stove
kit on site Call 706-273-6368 ccof-clt

Date Ordered: 8/18/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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 #: 206553

Name: CHRIS TODD

Address: 394 BLACKBERRY CIRCLE

ELLIJAY, GA 30536

Date: 8/20/26

Instructions: T/I 120W/100G@3.599G LINES RAN C/C

STOVE KIT ON SITE CALL 706-273-6368 CCOF

Order #: 536131

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	Stove					
Manufacturer	KitchenAid					
Model #	KFGS330TFS0					
Serial #	RF2913200					
Burner/Combustion Chamber	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Manual Shutoff	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Sediment Trap	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Pilot Safety System	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Electronic Ignition System	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Venting System	☒ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A	☐ Ok ☐ N/A
Combustion Air	☒ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok	☐ Ok
Taken Out of Service	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
120	M2518293	Good	Tricare	2025	AG	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			☐ Correct ☐ Incorrect		
1st	Rego	IV3403TR9 02-2026	☒ Correct ☐ Incorrect		
2nd	Rego	IV4403B4 10-2025	☒ Correct ☐ Incorrect	11.7	13.8

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	☒ Yes ☐ No	15 PSI	15 PSI	10 Mins	☒ Yes ☐ No
WC	WC	Mins					

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>Brandon Payer</u>	Service Technician (Signature) <u>Brandon Payer</u>	Date <u>8-20-26</u>
Customer (Print) <u>C. Todd</u>	Customer (Signature) _____	Date _____



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RINNAI WORK ORDER

Customer Acct #: 206553
Name CHRIS TODD
Address 394 BLACKBERRY CIRCLE
ELLIJAY, GA 30536

Date: 8/20/26
Instructions: T/I 120W/100G@3.599G LINES RAN C/C
STOVE KIT ON SITE CALL 706-273-6368 CCOF
Order #: 536131

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.
- * 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	3.599	L.P. Gas /Gal	3.599
Gallons		Gallons	
FRCC	100 \$9.79	FRCC	100 \$9.79
Fuel Total	359.90	Fuel Total	359.90
Tank Lease/YR	99.00	1st yr Lease	99.00

Total Materials		
Sub-Total		
Sales Tax		
Tank Set Fee \$250	Tank Set Fee FREE	FREE
Safety Inspection \$129.95	\$29.95	29.95
Total Labor		
Total charges		
Prepay Bal On Account		

Safe Appliance Savings 350.00

Safe Appliance Rebate 50.00

TOTAL BALANCE DUE