



Residential Gas Appliance System Check

Company/Location Conger / BLACKHAR

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number 25556
Name William Jeffers
Address 6725 THORN BIRD RD
City, State, Zip _____
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai	FRIGIDAIRE		
Model No.			RE18DP	GCCG3048AS		
Serial No.			DA-023185	1F51890483		
Fuel			LP	LP		
BTU Rating			180,000	N/C		
Manual Shut-off (Installed/Existing)			INSTALL	INSTALL		
Sediment Trap (Installed/Existing)			INSTALL	INSTALL		
Control Mfr./Model No.			OK	OK		
Pilot(s)/Pilot Safety System			OK	OK		
Ignition System(s): Mfr./Model No.			OK	OK		
Thermostats: Mfr./Model No.			OK	OK		
Burner(s)/Combustion Chamber			OK	OK		
Venting System/Draft Diverter			OK	OK		
Combustion Air			OK	OK		
Red Tag (removed from service)/Recall			—	—		

TANK/CYLINDER (Additional Serial Numbers):

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SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCATION	TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	COND.	DATE	CAP	LEAK TEST
32g	1546194	QUALITY	7025	-	ON SITE	OK	OK	OK	OK	OK	OK	OK	OK	

PIPING/REGULATOR OPERATION/CONDITION

PIPING/REGULATOR OPERATION/CONDITION											
SINGLE STAGE	PIPING		REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK-UP PRESSURE	
	MATERIAL	SIZE									
SECOND STAGE	1st	Copper	1/2	04D2024	REGO	New	TRS	Down	Dome	PSIG	14.5 PSIG
	2nd	BT	3/4		REGO	New	B46R	Down		IN WC	IN WC
THIRD STAGE										IN WC	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STAGE		START PRESSURE	END PRESSURE	TIME HELD	SYSTEM OK
		(INCHES WC)	(INCHES WC)		
SECOND STAGE	1st	11	11	10min	OK
	2nd				
THIRD STAGE					

Comments _____

_____Reference Invoice No. 126379 Date 6-10-26I, TERRY WHITE (please print name)
certify that I have completed the System Check as prescribed.

Performed Odor Test ☒ Yes
Performed Leak/Pressure Test ☒ Yes
Placed Safety Decal ☒ Yes
Left Consumer Safety Information and Material ☒ Yes

[Signature]
(Service Technician's Signature)

This inspection covers (propane/LP-gas) items and equipment visible and 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 working of sealed equipment, or structural components, and cannot be construed to cover future or unforeseen happenings.

I, _____ (Please print name)

- Know how to turn off the gas in case of emergency.
- Have smelled propane and can detect its odor.
- Have received the consumer safety information and material.
- Had gas system deficiencies and/or corrections, if any, clearly explained to me.
- Am satisfied with the service work performed.

(Customer's Signature)