



Gas System Check

733760

Account Number: 01-85900
Name: Al Sudderth Sr.
Address: 5035 GA HWY 234
City: Leary State: GA ZIP: 39862
Telephone (Work): _____ (Home): (229) 881-1437

Invoice Number: 751478
Date: 8/25/26
Company Branch: _____
Call Taken By: _____

Disclaimer: This inspection covers gas distribution system equipment 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.

Container Check

Size	Serial#	Manufacturer
<u>250</u>	<u>AWT</u>	<u>ZSA0001094</u>

Pressure Test Was a pressure test conducted? Yes ☐ No ☐ If yes, provide information below.

Test Stage Location	Starting Pressure (psi)	Ending Pressure (psi)	Start Time	End Time

System Leak Check

Test Stage Location	Starting Pressure (psi or w.c.)	Ending Pressure (psi or w.c.)	Start Time	End Time
<u>Regulator</u>	<u>9" w.c.</u>	<u>9" w.c.</u>	<u>4:03</u>	<u>4:06</u>

Regulator Check

Test Stage Location	Vent Position (circle one)	Flow Pressure (psi or w.c.)	Lock Up (psi or w.c.)
<u>2nd Stage Reg</u>	<u>correct</u> incorrect	<u>11" w.c.</u>	<u>13" w.c.</u>
	correct incorrect		
	correct incorrect		

Installation Review

Safety information and materials provided to customer
Container(s) distance requirements are met
Container(s) condition is suitable for continued service
Cathodic protection provided and documented per company policy (if applicable)

Yes No

☒ ☐
☒ ☐
☒ ☐
☐ ☒

Regulator(s) distance requirements are met
Exterior gas piping is suitable for continued service
Dielectric isolation installed according to code for metallic pipe or tubing (if applicable)

Yes No

☒ ☐
☒ ☐
☒ ☐

I, Chance Greene
Service Technician (Printed Name)
[Signature]
Service Technician (Signature)

certify that I have completed the system check and installation review as described above.

8, 25, 26
Date

Customer Acknowledgement: I understand a system check and installation review has been completed on my gas system as described above. I also acknowledge that the individual performing the Gas System Check informed me of the procedure and the outcome of the inspection; what was covered by the inspection and what was not covered; what repairs and/or alterations, if any, were made to the gas system or appliances; and options available for making recommended changes to my gas system. I further acknowledge, by initialing each of the following items, that:

☒ I have informed the service technician of all gas-burning appliances and gas lines on my property.
☒ I have smelled the propane gas and can detect its odor.
☒ 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 off at the container.
☒ I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity and that certain physical limitations or conditions might prevent me from smelling a gas leak.
☒ I have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories.

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- ☒ 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 off at the container.
- ☒ I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity and that certain physical limitations or conditions might prevent me from smelling a gas leak.
- ☒ I have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories.
- ☒ I have received safety information and been told to read it and share it with all family members.
- ☒ I am satisfied with the service work performed.

I, Azra Sultan have read and fully understand this certification.

Customer and/or Tenant (Printed Name)

[Signature]
Customer and/or Tenant (Signature)

8/26/26
Date

Repairs Completed: _____

Recommended Actions (if applicable): _____



Gas Appliance System Check

2555755

Account Number: 01-85900
Name: Al Sudderth Sr.
Address: 5035 GA HWY 234
City: Leary State: GA ZIP: 39802
Telephone (Work): _____ (Home): (229) 881-1437

Invoice Number: 751478
Date: 8/25/2026
Company Branch: _____
Call Taken By: _____

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							
Manufacturer	Rinnai							
Model #	RE180eP							
Serial #	WD UA-035840							
Burner	☒	☐	☐	☐	☐	☐	☐	☐
Combustion Chamber	☒	☐ N/A	☐	☐ N/A	☐	☐ N/A	☐	☐ N/A
Manual Shutoff	☒	☐	☐	☐	☐	☐	☐	☐
Sediment Trap	☐	☒ N/A	☐	☐ N/A	☐	☐ N/A	☐	☐ N/A
Pilot Safety System	☒	☐ N/A	☐	☐ N/A	☐	☐ N/A	☐	☐ N/A
Electronic Ignition System	☒	☐ N/A	☐	☐ N/A	☐	☐ N/A	☐	☐ N/A
Venting System	☒	☐ N/A	☐	☐ N/A	☐	☐ N/A	☐	☐ N/A
Combustion Air	☒	☐	☐	☐	☐	☐	☐	☐
Taken Out of Service	☐	☒ N/A	☐	☐ N/A	☐	☐ N/A	☐	☐ N/A

Installation Review

Safety information and materials provided to customer
Appliance(s) are suitable for continued service
Interior gas piping is suitable for continued service

Yes No
☒ ☐
☒ ☐
☒ ☐

I, Chance Greene

Service Technician (Printed Name)

certify that I have completed the system check and installation review as described above.

8, 25, 26

Date

Service Technician (Signature)

Customer Acknowledgement: I understand a gas appliance and interior piping system check and installation review has been completed on my gas system as described above. I also acknowledge that the individual performing the Gas Appliance Check informed me of the procedure and the outcome of the inspection; what was covered by the inspection and what was not covered; what repairs and/or alterations, if any, were made to the gas system or appliances; and options available for making recommended changes to my gas system. I further acknowledge, by initialing each of the following items, that:

- ☒ I have informed the service technician of all gas-burning appliances and gas lines on my property.
- ☒ I have smelled the propane gas and can detect its odor.
- ☒ 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 off at the container.
- ☒ I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity and that certain physical limitations or conditions might prevent me from smelling a gas leak.
- ☒ I have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories.
- ☒ I have received safety information and been told to read it and share it with all family members.
- ☒ I am satisfied with the service work performed.

- ☒ 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 off at the container.
- ☒ I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity and that certain physical limitations or conditions might prevent me from smelling a gas leak.
- ☒ I have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories.
- ☒ I have received safety information and been told to read it and share it with all family members.
- ☐ I am satisfied with the service work performed.

I, April Sudduth have read and fully understand this certification.
Customer and/or Tenant (Printed Name)

April Sudduth 8/25/21
Customer and/or Tenant (Signature) Date

Repairs Completed: _____ _____ _____	Recommended Actions (if applicable): _____ _____ _____
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