



P.O. BOX 506 • BAXLEY, GEORGIA 31515  
2174 HATCH PARKWAY SOUTH • BAXLEY, GEORGIA 31513 • Tel. (912) 367-1151

INSTRUCTIONS check stera, convert to LP

|                                                                                                                                                                                                                                                                                      |                                                                              |                |        |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------|--------|--------|
| SERVICEMAN TO COMPLETE IN<br>PRESENCE OF CUSTOMER:<br><br>1) STORAGE SYSTEM INSTALLED<br>IN COMPLIANCE WITH N.F.P.A.<br>PAMPHLET NUMBER 58 <input type="checkbox"/><br><br>2) ALL APPLIANCES INSTALLED IN<br>COMPLIANCE WITH N.F.P.A.<br>PAMPHLET NUMBER 54 <input type="checkbox"/> | SERVICES PERFORMED <i>converted new</i>                                      | TOTAL MATERIAL |        |        |
|                                                                                                                                                                                                                                                                                      | <i>range to LP, ran pressure check</i><br><i>lit &amp; checked out range</i> |                |        |        |
|                                                                                                                                                                                                                                                                                      | TOTAL TIME                                                                   | HOURS          | LABOR  | 220 00 |
| THE ODOOR CHARACTERISTICS HAVE<br>BEEN DEMONSTRATED TO ME.                                                                                                                                                                                                                           | SERVICES PERFORMED                                                           | SUBTOTAL       |        |        |
| X _____<br>CUSTOMER'S SIGNATURE                                                                                                                                                                                                                                                      | BY <i>Donal Mike</i>                                                         | SALES TAX      |        |        |
|                                                                                                                                                                                                                                                                                      |                                                                              | TOTAL DUE      | 230 00 |        |

| SERVICEMAN MUST COMPLETE BELOW SECTION FOR NEW INSTALLATIONS OR SERVICE |                           |                        |                       |
|-------------------------------------------------------------------------|---------------------------|------------------------|-----------------------|
| INSTALLATION<br>OR<br>TURN ON                                           | REMOVAL<br>OR<br>TURN OFF | LEAK AND PRESSURE TEST |                       |
|                                                                         |                           | HIGH                   | LOW                   |
|                                                                         |                           | START<br>LOCK UP:      | START<br>LOCK UP:     |
| SIZE:                                                                   | SIZE                      | TANK OFF<br>PRESSURE:  | TANK OFF<br>PRESSURE: |
| S/N:                                                                    | S/N:                      | AFTER<br>10 MINUTES    | AFTER<br>10 MINUTES   |
| GALLONS<br>OR READING:                                                  | GALLONS<br>OR READING:    | PRESSURE<br>AS LEFT:   | PRESSURE<br>AS LEFT:  |

-GPA rebate 50.00  
 AMOUNT  
 \$ 170.00

RECEIVED  
 BY \_\_\_\_\_

DATE \_\_\_\_\_

SERVICES RECEIVED  
 BY \_\_\_\_\_

# GASCheck - Gas Appliance System Check

Account Name \_\_\_\_\_ Invoice Number \_\_\_\_\_ Date 9/21/26  
 Name Maria Rodriguez Company Sikes Propane, Inc.  
 Address 7 Kemp Rd. Call Taken By \_\_\_\_\_  
 City Hazlet State GA Zip 31539 Telephone (Cell) 912-553-1544 (Home) \_\_\_\_\_

## Appliance Check

|                                   |                                                   |  |  |  |  |  |
|-----------------------------------|---------------------------------------------------|--|--|--|--|--|
| Appliance                         | <u>Range</u>                                      |  |  |  |  |  |
| Manufacturer                      | <u>Samsung</u>                                    |  |  |  |  |  |
| Model #                           | <u>NS66D6870</u>                                  |  |  |  |  |  |
| Serial #                          | <u>05RAA</u><br><u>0CN17DAX3</u><br><u>00753N</u> |  |  |  |  |  |
| BTL's                             | <u>75000</u>                                      |  |  |  |  |  |
| Burner / Com. Chamber             | <u>ok</u>                                         |  |  |  |  |  |
| Main Shutoff / Sed. Trap          | <u>existing</u>                                   |  |  |  |  |  |
| Control / Pilot Safety System     | <u>ok</u>                                         |  |  |  |  |  |
| Venting System                    | <u>ok</u>                                         |  |  |  |  |  |
| Age                               | <u>new</u>                                        |  |  |  |  |  |
| Taken Out Of Service Or Operation |                                                   |  |  |  |  |  |

## Container Check

| Size       | Serial #     | Manufacturer     | MFR. Date   | Location  | Container Condition | Relief Valve | Fittings Leak Check |
|------------|--------------|------------------|-------------|-----------|---------------------|--------------|---------------------|
| <u>120</u> | <u>11047</u> | <u>Charlotte</u> | <u>1953</u> | <u>ok</u> | <u>ok</u>           | <u>07B17</u> | <u>ok</u>           |
|            |              | <u>Tank</u>      |             |           |                     |              |                     |
|            |              |                  |             |           |                     |              |                     |
|            |              |                  |             |           |                     |              |                     |

## Pressure Test (If Applicable)

| Start Pressure | End Pressure   | Time Held     | Pressure Held | Work Order |
|----------------|----------------|---------------|---------------|------------|
| <u>140psi.</u> | <u>140psi.</u> | <u>10min.</u> | <u>0</u>      | <u>0</u>   |

## Piping Check

| Materials     | Size        | Cover / Protection |
|---------------|-------------|--------------------|
| <u>copper</u> | <u>1/2"</u> | <u>ok</u>          |
|               |             |                    |
|               |             |                    |

## System Leak Check

| Start Pressure | End Pressure   | Time Held     | Pressure Held | Work Order |
|----------------|----------------|---------------|---------------|------------|
| <u>9in.wc.</u> | <u>9in.wc.</u> | <u>10min.</u> | <u>0</u>      | <u>0</u>   |

## Regulator Check

| Type        | Manufacturer | Date / Model              | Vent Position / Protection |
|-------------|--------------|---------------------------|----------------------------|
| <u>Twin</u> | <u>Rago</u>  | <u>02C2025 / LV404B39</u> | <u>u-c</u>                 |
|             |              |                           |                            |
|             |              |                           |                            |

## Safety Information Supplied:

Comments: Please note all repairs and corrections made along with any recommended actions.