





Residential Gas Appliance System Check

Company/Location Conger/Waldosta
Call Date 8/14/26

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number _____

Name Tamara Montes

Address 3005 Stallings rd

City, State, Zip Waldosta GA 31605

Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer		MHSC	Rinnai			
Model No.		3GVFHPKFBT	RE199e			
Serial No.		10-P-036566	WE-4A-056919			
Fuel		LP	LP			
BTU Rating		34,000	199,000			
Manual Shut-off (Installed/Existing)		exist	exist			
Sediment Trap (Installed/Existing)		—	exist			
Control Mfr./Model No.		—	—			
Pilot(s)/Pilot Safety System		standing	electric			
Ignition System(s): Mfr./Model No.		spark	electric			
Thermostats: Mfr./Model No.		—	—			
Burner(s)/Combustion Chamber		open	open			
Venting System/Draft Diverter		open	open			
Combustion Air		ambi	ambi			
Red Tag (removed from service)/Recall		—	—			

TANK/CYLINDER (Additional Serial Numbers):

	SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCATION	CONDITION OF:					RELIEF VALVE			FITTINGS LEAK TEST
							TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	COND.	DATE	CAP	
30L	250	250 021668	American Welding	2000	2000	Right	OK	NA	OK	OK	OK	OK	2000	yes	OK

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"	unknown	marshall	OK	unknown	Down	Done	9.5 PSIG	10 PSIG
	2nd	BF/gst	3/4"/1/2"	03A10	BEGO	OK	B66R	Down	ene	11 IN WC	13 IN WC
THIRD STAGE										IN WC	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE		START PRESSURE	END PRESSURE	TIME HELD	SYSTEM OK
		(INCHES WC)	(INCHES WC)		
SECOND STAGE	1st				
	2nd	9.0 wc	9.0 wc	10 mins	O/K
THIRD STAGE					

Comments _____

Reference Invoice No. _____ Date 8/19/26

I, Cole Truett (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

CL Truett
(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)