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THE USE AND CARE OF THE APPLIANCES AND EQUIPMENT HAVE BEEN EXPLAINED TO MY SATISFACTION. I ALSO ACKNOWLEDGE RECEIPT OF THE CUSTOMER COPY EXPLAINING THE SAFETY FEATURES OF SUCH EQUIPMENT ON THE REVERSE SIDE.



Residential Gas Appliance System Check

Account Number Wilson Design
Name _____
Address 1699 Adel Hwy
City, State, Zip Quitman GA
Telephone: Office _____ Home _____

Company/Location 1/1 Costa
Call Date _____
Date GAS Check® Requested _____
Call-Taker's Name _____
Instructions _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	2011 6
Manufacturer			Rinnai			Rinnai
Model No.			EXPI991			Exp 1991
Serial No.			TE. BA-10285			TE. BA-101809
Fuel			LP			LP
BTU Rating			199,000			199,000
Manual Shut-off (Installed/Existing)			Installed			Installed
Sediment Trap (Installed/Existing)			Installed			Installed
Control Mfr./Model No.						
Pilot(s)/Pilot Safety System			electric			electric
Ignition System(s): Mfr./Model No.			electric			electric
Thermostats: Mfr./Model No.						
Burner(s)/Combustion Chamber			open			open
Venting System/Draft Diverter			open			open
Combustion Air			Amb			Amb
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	
250	1547961	QSC	2025	2026	left	OK	OK	OK	OK	OK	OK	OK	OK	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	05E2026	2026	New	729	Horizontal	Denie	PSIG
	2nd	Copper	1/2	06D2025	2025	New	Y462	Down	Exane	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)			
	7	7		10 mins	OK
SECOND STAGE	1st				
	2nd				
THIRD STAGE					

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.

Comments _____

Reference Invoice No. _____ Date 9-1-26

I, Zach Adams (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