



# Gas System Check

733690

Account Number: 01-01124  
 Name: Jim Johnson  
 Address: 2705 Shannon Dr.  
 City: Albany State: GA ZIP: 31721  
 Telephone (Work): 229-881-5558 (Home):  
cell

Invoice Number: 751022  
 Date: 2/11/26  
 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>120</u>	<u>M0124014</u>	<u>Trinity</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 on Tank</u>	<u>9"</u>	<u>9"</u>	<u>12:47</u>	<u>12:50</u>

### Regulator Check

Test Stage Location	Vent Position (circle one)		Flow Pressure (psi or w.c.)	Lock Up (psi or w.c.)
	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.

2 / 11 / 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.



# Gas Appliance System Check

Account Number: 01-01124  
 Name: Jim Johnson  
 Address: 2705 Shannon Dr  
 City: Albany State: GA ZIP: 31721  
 Telephone (Work): 229 881-5558 (Home): \_\_\_\_\_  
Cell

Invoice Number: 5751022  
 Date: 2/11/26  
 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	Tankless Water Heater	Logs	Stove	
Manufacturer	<u>Rinnai</u>	<u>Empire</u>	<u>Whirlpool</u>	
Model #	<u>RE160eP</u>	<u>VFXV24P-1</u>	<u>WFG51550ES1</u>	
Serial #	<u>REV-VE2125WD-US-P</u>	<u>1428922721</u>	<u>R70952246</u>	
Burner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Combustion Chamber	<input checked="" type="checkbox"/> <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A
Manual Shutoff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sediment Trap	<input checked="" type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A
Pilot Safety System	<input checked="" type="checkbox"/> <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A
Electronic Ignition System	<input checked="" type="checkbox"/> <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A
Venting System	<input checked="" type="checkbox"/> <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Taken Out of Service	<input type="checkbox"/> <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> 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

Chance Greene  
Service Technician (Printed Name)  
  
Service Technician (Signature)

certify that I have completed the system check and installation review as described above.  
2, 11, 26  
Date

**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.