

# WORK ORDER

## Scott Carter

737 Green Ridge Road  
 Blue Ridge, GA 30513  
 (205) 253-3920

Customer #: 205593  
 Order #: 466975  
 Location #: 281620  
 Zone:  
 Terms: Net 30

Tech: \_\_\_\_\_

Map Code:

Service Code: Propane Service

Description: 02/04/26 - DROP IN - 250AG W/200G @2.999 LINES THERE.  
 T/I MONITOR FOR AUTO. CALL: (205) 253-3920 CCOF - JB

Date Ordered: 2/3/2026	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service:

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions:

### Service History:

Date	Invoice #	Tech	Problem Reported	Service Notes
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# PROPANE GAS PIPING SYSTEM CHECK

Customer Account #: 205593  
 Name: SCOTT CARTER  
 Address: 737 GREEN RIDGE ROAD  
BLUE RIDGE, GA 30513

Date: 02/4/26  
 Instructions: DROP IN 250AG W/200G @2.999LINE THER  
T/I MONITOR FOR AUTO.CALL:205-253-3920 CCOF - J  
 Order #: 466975

**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	Stove	furnace	Grill	logset	logset	
Manufacturer	Maytag	Rheem	Weber	empire	empire	
Model #	NV	N.V.	1500539	NV	FVFB-24LP	
Serial #	NV	023855546	VE8199134	NV	1743	
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok
Manual Shutoff	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok
Pilot Safety System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Electronic Ignition System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Venting System	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok
Taken Out of Service	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Container Check:**

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
250	M2540477	Good	Triarc	2025	A.G.	Good

**Regulator(s):**

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st	Rego	3403TR	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd	Rego	4403B1	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.3	12.9

**Piping System Leak Test:**

**Pressure Test:**

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
60 PSI	60 PSI	0 Mins	<input checked="" type="checkbox"/> Yes	_____ PSI	_____ PSI	_____ Mins	<input type="checkbox"/> Yes
_____ WC	_____ WC	_____ Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments: \_\_\_\_\_

**Customer Acknowledgment:** I acknowledge, by checking each of the following items, that:

- I have informed the service technician of all gas-burning appliances, gas lines, and unused piping not connected to any gas appliance on my property.
- I have been informed of what deficiencies, repairs &/or alterations, if any, were made to my gas system or appliances.
- 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 supply off at the tank or cylinder.
- I have smelled propane gas and can detect its odor.
- I have been told to consider installing one or more gas detectors.
- I have received safety information and told to read it and share it with all family members.
- I am satisfied with the service work performed.

Service Technician (Print) <u>Brandon Payne</u>	Service Technician (Signature) <u>Brandon Payne</u>	Date <u>2-4-26</u>
Customer (Print) <u>Not present</u>	Customer (Signature)	Date



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**RINNAI  
WORK ORDER**

Customer Acct #: 205593  
 Name SCOTT CARTER  
 Address 737 GREEN RIDGE ROAD  
BLUE RIDGE, GA 30513

Date: 02/04/26  
 Instructions: DROP IN 250AG W/200G@2.999 LINE THERE  
T/I MONITOR FOR AUTO CALL: 205-253-3920 CCOF -JB  
 Order #: \_\_\_\_\_

DESCRIPTION OF WORK	
<b>COMMENTS:</b> _____	
<b>SERVICED BY:</b> _____	

DATE	START TIME	FINISH TIME	TOTAL TIME	LABOR RATE	AMOUNT
				100.00/hr	
				100.00/hr	

**FOR OFFICE USE ONLY**

Performed leak check  Yes  No

Gas check attached  Yes  No

Leak check Initial \_\_\_\_\_

Start Pressure \_\_\_\_\_ End Pressure \_\_\_\_\_ Time Held \_\_\_\_\_ System OK \_\_\_\_\_

	Retail Price	Contract Price
_____ Rinnai \$	\$	\$
Standard Vent Kit \$	\$	\$
Standard Install \$	\$	\$
Total \$	\$	\$

Tank Set		New Cust Special	
L.P. Gas /Gal	<b>3.299</b>	L.P. Gas /Gal	<b>2.999</b>
Gallons	<b>200</b>	Gallons	<b>200</b>
FRCC	\$9.79	FRCC	\$9.79 <b>9.79</b>
Fuel Total	<b>639.80</b>	Fuel Total	<b>599.80 599.80</b>
Tank Lease/YR	<b>FREE</b>	1st yr Lease	<b>99.00 99.00</b>
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	<b>20.00 20.00</b>
Safety Inspection	\$129.95	Safety Inspection	\$29.95 <b>29.95</b>
Total Labor			
Total charges			
Prepay Bal On Account			

**% in Tank**

**AMOUNT REC'D**

\$ \_\_\_\_\_

CASH  CHECK # \_\_\_\_\_

CREDIT CARD

# \_\_\_\_\_

EXP. DATE \_\_\_\_\_

\* I have received the Consumer Safety information & material.  
 \* I am satisfied with the work performed.  
 \* Customer agrees to pay all costs of collection, agency fees, court costs, and reasonable attorney fees in the event of default on payment.  
 \* Signing agrees to \_\_\_\_\_ year contract for discount.

\_\_\_\_\_

CUSTOMER SIGNATURE

Safe Appliance Savings	<b>510.83</b>
<i>Safe Appliance Rebate</i>	<i>450.00</i>
<b>TOTAL BALANCE DUE</b>	