

WORK ORDER

Nathan Berger

456 Whispering Pine Lane
 Cherry Log, GA 30522
 (917) 589-3548

Customer #: 205785
 Order #: 481517
 Location #: 281847
 Zone: B-037-WED-
 Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 3-5-26 T/I 500Ug w/ 350g (70%) (No charge for gas per Pete) I believe lines are there and whole. Drop in and connect. Anode bag (917) 589-3548

Date Ordered: 3/4/2026	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 #: 205785
 Name: NATHAN BERGER
 Address: 456 WHISPERING PINE LN
CHERRY LOG GA 30522

Date: 3-5-26
 Instructions: T/I 500UG W/350G NO CHARGE DROP AND CONNECT. ANODE BAG 917-589-3548
 Order #: 481517

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	logset	water heater			
Manufacturer	Forno	Empire	Rinnia			
Model #	N.V.	VFSE-30-2	RSC160IP			
Serial #	ES65627736	24DP36447PK	BA265386			
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input 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 type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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 type="checkbox"/> Ok	<input 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 type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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 type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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 type="checkbox"/> Ok <input type="checkbox"/> N/A	<input 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 type="checkbox"/> Ok	<input 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 type="checkbox"/> No	<input type="checkbox"/> Yes <input 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
500	M2511363	Good	Triarc	2025	U.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	LV3403TR	08-2025	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	
2nd	MFC	1622E	17 Oct. 24	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.3
					12.7

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
100 PSI	100 PSI	10 Mins	<input checked="" type="checkbox"/> Yes	15 PSI	15 PSI	10 Mins	<input checked="" 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>3-5-26</u>
Customer (Print)	Customer (Signature)	Date



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RINNAI WORK ORDER

Customer Acct #: 205785
 Name NATHAN BERGER
 Address 456 WHISPERING PINE LN
CHERRY LOG GA 30522

Date: 3-5-26
 Instructions: T/I 500UG W/350G DROP AND CONNECT.
917-589-3548
 Order #: 481517

DESCRIPTION OF WORK	
COMMENTS:	
SERVICED BY:	

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	\$	\$	

% in Tank

Tank Set		New Cust Special	
L.P. Gas /Gal	2.999	L.P. Gas /Gal	2.999
Gallons	350	Gallons	350
FRCC	\$9.79	FRCC	\$9.79
Fuel Total	1049.65	Fuel Total	1049.65
Tank Lease/YR	129.00	1st yr Lease	FREE
Total Materials			
Sub-Total			
Sales Tax			
Tank Set Fee	\$250	Tank Set Fee	
Safety Inspection	\$129.95	\$29.95	20.00
Total Labor			
Total charges			
Prepay Bal On Account			

AMOUNT REC'D

\$ _____

CASH CHECK # _____

CREDIT CARD

EXP. DATE _____

Safe Appliance Savings	350.00
<i>Safe Appliance Rebate</i>	<i>250.00</i>

* 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

TOTAL BALANCE DUE	
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