

3/4/2026 11:52:48 AM

WORK ORDER

Donald R Brooks

535 Brooks Drive
Nicholson, GA 30565
(706) 658-7006

Customer #: 1036
Order #: 481526
Location #: 251398
Zone: J-004-TUE-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 03-03-26 ccof, Set lease 250AG w/200 gals @ 2.499 h/u

Date Ordered: 3/4/2026

Scheduled Date:

Est. Completion:

Start:

Stop:

Name: Tank: 1

Last Service: 3/3/2026

Last Tune Up:

Contract:

SC Renewal:

Manufact:

Model:

Notes:

Instructions: COD SR # 1G46668 Right side, Turn right onto GA-82 S, Turn right onto Jett Roberts Rd, Turn left onto Legg Rd, Turn right onto GA-82 S, Turn left onto County Farm Rd, Turn right to stay on County Farm Rd, Turn left onto GA-15 Alt N, Turn right onto Thyatira Brocckton Rd, Continue straight onto GA-335 E, Turn right onto US-441 S, Turn left onto Old US Hwy 441, Turn left onto Brooks Dr, Turn left

Service History:

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

Customer Account #: 1036
 Name: DONALD BROOKS
 Address: 535 BROOKS DR
NICHOLSON, GA 30565

Date: 03/03/26
 Instructions: SET LEASE 250AG-W/200 GALS
RUN LINE AND H/U
 Order #: _____

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	Manufacturer	Model #	Serial #	Burner/Combustion Chamber	Manual Shutoff	Sediment Trap	Pilot Safety System	Electronic Ignition System	Venting System	Combustion Air	Taken Out of Service
<i>Cooktop</i>	<i>GE</i>			<input type="checkbox"/> Ok	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<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	<input type="checkbox"/> Ok	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Cook Range</i>	<i>Frigidaire</i>	<i>FCRC36SI8BA</i>	<i>VF41014232</i>	<input checked="" type="checkbox"/> Ok	<input checked="" type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<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"/> Yes <input checked="" type="checkbox"/> No
<i>Furnace</i>	<i>Bryant</i>	<i>570.NW133090AA</i>	<i>0225550186</i>	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok <input type="checkbox"/> N/A	<input type="checkbox"/> Ok	<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	<input type="checkbox"/> Ok	<input type="checkbox"/> Yes <input type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
<i>250</i>	<i>1046668</i>	<i>Good</i>	<i>American</i>	<i>1984</i>	<i>A/E</i>	<i>Good</i>

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
<i>Twin</i>			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
<i>1st MEC</i>	<i>1122</i>	<i>09 Dec 24</i>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
<i>2nd MEC</i>	<i>1222</i>	<i>16 Feb 23</i>	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	<i>10.5</i>	<i>11</i>

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<i>90</i> PSI	<i>90</i> PSI	<i>10</i> Mins	<input checked="" type="checkbox"/> Yes	<i>15</i> PSI	<i>15</i> PSI	<i>10</i> Mins	<input checked="" type="checkbox"/> Yes
____ WC	____ WC	____ Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments: *80% in tank. All appliances working correctly.*

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)	<i>Kevin Smart</i>	Service Technician (Signature)	<i>[Signature]</i>	Date	<i>3-3-26</i>
Customer (Print)		Customer (Signature)	<i>[Signature]</i>	Date	