

3/30/2026 2:02:28 PM

WORK ORDER

Victor Cisneros

328 Summer Song Place
Talmo, GA 30575
(678) 591-9975

Customer #: 7691
Order #: 488826
Location #: 260069
Zone: J-018-THU-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 3-30-26 rehook up 120 with 100 gals and customer 12 gals @
\$0.00 customer to pay for the remainder of the gas CCOF
678-591-9975

Date Ordered:	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name: Heating System
Contract:
Manufact:
Notes:
Instructions:

Last Service: 12/8/2025
SC Renewal:
Model:

Last Tune Up:

Service History:

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

Customer Account #: 7691
 Name: VICTOR CISNEROS
 Address: 328 SUMMER SONG PLACE
TALMO, GA 30575

Date: 3/30/26
 Instructions: SET LEASE 120 W/ 100 GALS

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	Cook stove					
Manufacturer	Samsung					
Model #	Nyx60A6751SS					
Serial #	0JES709L10124F					
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input 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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Sediment Trap	<input type="checkbox"/> Ok <input checked="" type="checkbox"/>	<input type="checkbox"/> Ok	<input 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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Electronic Ignition System	<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	<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 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	<input type="checkbox"/> Ok <input type="checkbox"/> N/A
Combustion Air	<input checked="" type="checkbox"/> Ok	<input type="checkbox"/> Ok	<input 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 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	<input type="checkbox"/> Yes <input type="checkbox"/> No

Container Check:

Size	Serial #	Container Fitting Leak Test	Manufacturer	Manufacture Date	Location	Tank Condition
120	M2546081	Yes	Triarc	2025	ok	ok

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin MEC	MEGR-1232-BPE	21 Jun 25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11"	10.5"
1st			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd			<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect		

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
<u>100</u> PSI	<u>100</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes	<u>15</u> PSI	<u>15</u> PSI	<u>10</u> Mins	<input checked="" type="checkbox"/> Yes
____ WC	____ WC	____ Mins	<input type="checkbox"/> No				<input type="checkbox"/> No

Comments: 50% in tank ALL APPLIANCES WORK 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)	Service Technician (Signature)	Date
<u>[Signature]</u>	<u>J. Michaels</u>	<u>3-30-26</u>
Customer (Print)	Customer (Signature)	Date
	<u>C. Victor Cisneros</u>	<u>3-30-26</u>

