



Residential Gas Appliance System Check

Company/Location Conger MacArthur

Call Date _____

Date GAS Check® Requested _____

Call-Taker's Name _____

Instructions _____

Account Number 03-25336
Name Mike Dazzo
Address 102 Twin Lakes Dr
City, State, Zip MacArthur, GA 31768
Telephone: Office _____ Home _____

PERFORMANCE CHECK: ITEM	Central Heating 1	Room Heating 2	Water Heater 3	Range 4	Clothes Dryer 5	6
Manufacturer			Rinnai			
Model No.			RE199c			
Serial No.			T6UA112051			
Fuel			LP			
BTU Rating			199k			
Manual Shut-off (Installed/Existing)			Installed			
Sediment Trap (Installed/Existing)			Installed			
Control Mfr./Model No.			OK			
Pilot(s)/Pilot Safety System			OK			
Ignition System(s): Mfr./Model No.			OK			
Thermostats: Mfr./Model No.			OK			
Burner(s)/Combustion Chamber			OK			
Venting System/Draft Diverter			OK			
Combustion Air			OK			
Red Tag (removed from service)/Recall			—			

TANK/CYLINDER (Additional Serial Numbers):

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCATION	CONDITION OF:					RELIEF VALVE			FITTINGS LEAK TEST
						TANK	PAINT	PIGTAIL	FITTINGS	GAUGE	COND.	DATE	CAP	
123	U-236342	Cytsa	2025	2025	AG on Site	OK	OK	OK	OK	OK	OK	25	OK	—

PIPING/REGULATOR OPERATION/CONDITION

SINGLE STAGE	PIPING		REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK-UP PRESSURE
	MATERIAL	SIZE								
SECOND STAGE	1st	Copper	1/2	10B2025	Rego	OK	TR9	Down	Dome	PSIG 10
	2nd	Trac	3/4	08D2024	Rego	OK	BT6R	Down	—	11.5 IN WC 13 IN WC
THIRD STAGE										IN WC IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STATE	START PRESSURE		END PRESSURE	TIME HELD	SYSTEM OK
	(INCHES WC)	(INCHES WC)			
SECOND STAGE	1st	6	6	10m	OK
	2nd				
THIRD STAGE					

Comments

Set tank, Ran line for W/H & OPD ValveReference Invoice No. 127275 Date 5.4.2026

I, Taylor Newsome (please print name)
certify that I have completed the System Check as prescribed.

Performed Odor Test

Performed Leak/Pressure Test

Placed Safety Decal

Left Consumer Safety Information and Material

☒ Yes☒ Yes☐ Yes☐ Yes

I, _____ (Please print name)

- Know how to turn off the gas in case of emergency.
- Have smelled propane and can detect its odor.
- Have received the consumer safety information and material.
- Had gas system deficiencies and/or corrections, if any, clearly explained to me.
- Am satisfied with the service work performed.

(Customer's Signature)

(Service Technician's Signature)