

confirmed JB

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12/4/2025 4:51:06 PM

WORK ORDER

Leonard Swofford

664 Brushy Top Road
Ellijay, GA 30540
(770) 527-9290

Customer #: 204969
Order #: 431889
Location #: 280867
Zone: B-042-TUE-
Terms: Net 30

Tech: _____

Map Code:

Service Code: Propane Service

Description: 12/10/2025 - T/I 250ag w/200g@2.599 lines there. Call:
770-527-9290 CCOF - JB GET WITH JAMIE/PETE ABOUT
WAIVING CHARGES DUE TO NOT BEING ABLE TO USE
CUST. OWNED TANK, CALLED TO GET LEASED TANK.

Date Ordered: 12/4/2025	Scheduled Date:	Est. Completion:	Start:	Stop:
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Name:

Last Service: 11/21/2025

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 #: 204969
 Name: LEONARD SWOFFORD
 Address: 664 BUSHY TOP ROAD
ELLIJAY, GA 30540

Date: 12/10/25
 Instructions: T/I 250W/200G@2.599G DROP IN
 CALL 770-527-30540 CCOF
 Order #: 431889

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	Space Heater	w/lt				
Manufacturer	Comfort Glow	Compu's				
Model #	CCR 30PT	CA686WLP				
Serial #	8005000317	2405CA686WLP0040				
Burner/Combustion Chamber	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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 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 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 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 type="checkbox"/> Ok <input type="checkbox"/> N/A			
Combustion Air	<input checked="" type="checkbox"/> Ok	<input checked="" 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 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	4132424 4132424	Pass	Quality	1994	AL	Good

Regulator(s):

Manufacturer	Model	Regulator Date	Regulator Venting	Flow/Delivery Pressure	Lock-Up Pressure
Twin R150	404B34	7-19	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
1st R150	3403T12	12-21	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect		
2nd R150	3403B4	1-25	<input checked="" type="checkbox"/> Correct <input type="checkbox"/> Incorrect	11.4	12.7

Piping System Leak Test:

Pressure Test:

Start Pressure	End Pressure	Time Held	Pass	Start Pressure	End Pressure	Time Held	Pass
50 PSI	50 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15 PSI	15 PSI	10 Mins	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Comments: _____

Customer Acknowledgment:

- 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>Alan Wray</u>	Service Technician (Signature) <u>[Signature]</u>	Date <u>12-10-25</u>
Customer (Print)	Customer (Signature) <u>[Signature]</u>	Date

