



Customer: \_\_\_\_\_ Inspection Date: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Appliance	Manufacturer	Serial/Mode Number:	BTU Rating

System or equipment "Red Tagged" due to condition or because subject to recall? .....  Yes  No

If yes, explain: \_\_\_\_\_

Is each vented type of appliance properly vented to the outside air? .....  Yes  No

Any unvented space heaters installed in bedrooms? .....  Yes  No

If yes, is each such heater equipped with an oxygen depletion safety shutoff system? .....  Yes  No

Tank: Size \_\_\_\_\_ Manufacturer and serial # \_\_\_\_\_ Feet from closest building: \_\_\_\_\_

Mounted on substantial non-combustible base .....  Yes  No

Any sources of ignition within 10 feet (five feet for cylinders in exchange service)? .....  Yes  No

Leak Check			
Starting Pressure	Ending Pressure	Time Held (minutes)	Leak Free (Yes or No)
Regulator	Flow Pressure	Lockup Pressure	Issues
First or Twin Stage			
(1) Second Stage			
(2) Second Stage			

Service line is:  Iron pipe  Copper Tubing  Plastic  Other \_\_\_\_\_

Piping or tubing is buried and/or protected from damage? .....  Yes  No

Does the service line enter the structure above ground?  Yes  No If no, is it sealed or installed in gas tight conduit?  Yes  No

Any unused gas piping outlets indoors? .....  Yes  No

If yes, is each unused gas piping outlet fitted with a gastight threaded plug or cap? .....  Yes  No

First or twin stage regulator model \_\_\_\_\_ date code \_\_\_\_\_

Second stage regulator model \_\_\_\_\_ date code \_\_\_\_\_

Second stage regulator model \_\_\_\_\_ date code \_\_\_\_\_

All regulators located outdoors are installed or protected so operation will not be affected by the elements (i.e. rain, etc)? .....  Yes  No

All regulators properly secured? .....  Yes  No

Second stage regulator located outdoors?  Yes  No If not, is the vent outlet piped out of doors? .....  Yes  No

Is regulator vent discharge located at least three feet horizontally away from any building opening below the level of discharge and at least five feet in all directions from any source of ignition? .....  Yes  No

By signing, I, \_\_\_\_\_ (Customer's name) acknowledge:

- I understand how to turn off my supply of gas in case of emergency.
- I have smelled propane and can detect its odor.
- I have received consumer safety information and an odor sniff sample.
- I have been advised to install a combustible gas detector and CO2 detector.
- Any deficiencies and/or correction necessary have been clearly explained to me.

Customer signature \_\_\_\_\_ Date \_\_\_\_\_

Service technician signature \_\_\_\_\_ Date \_\_\_\_\_

This inspection is expressly limited to the LP gas piping and equipment visible and accessible to the service technician and reflects the conditions existing at the time of the inspection.

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