



Permit Number _____

Name _____

Address _____

Company/Location _____

Call Date _____ Date Requested _____

Call Taker Name _____

Instructions _____

Telephone: Office: _____ Home: _____

Performance Check: Item	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	6	7
Manufacturer							
Model No.							
Serial No.							
Fuel							
BTU	000	000	000	N/A	N/A	000	000
Age							
Manual Shutoff (Installed/Existing)							
Sediment Trap (installed/Existing)							
Control Mfgr/Model No.							
Pilot(s)							
Ignition System(s) Mfgr/Model No							
Thermostat(s) Mfgr/Model No							
Pilot Safety System							
Burner(s)							
Combustion Chamber				N/A	N/A		
Filters			N/A	N/A			
Motor/Blower/Pump			N/A	N/A			
Sufficient Return Air			N/A	N/A	N/A		
Draft Diverter							
Venting							
Combustion Air							
Red Tag (Removed from Service)							

TANK/CYLINDER (Additional Serial Numbers):

SIZE	SERIAL NUMBER	MFR	MFG DATE	LAST TEST DATE	LOCATION	TANK COND	PAINT COND	PIGTAIL COND	FITTINGS COND	GAUGE COND	RELIEF VALVE			FITTINGS LEAK TEST
											COND	DATE	CAP	

PIPING/REGULATOR OPERATION/CONDITION

SINGLE STAGE	PIPING		REGULATOR DATE CODE	REGULATOR CONDITION	MFR	MODEL	REG VENT POSITION	PROTECTED	FLOW PRESSURE	LOCK UP PRESSURE
	MATERIAL	SIZE								
										IN. WC
TWO STAGE	1st								PSIG	PSIG
	2nd									IN. WC

SYSTEM LEAK TEST

SINGLE STAGE	START PRESSURE (INCHES W.C.)	END PRESSURE (INCHES W.C.)	TIME HELD	SYSTEM OK
		(PSIG)	(PSIG)	
TWO STAGE	1st			
	2nd	(INCHES W.C.)	(INCHES W.C.)	

Comments: _____

This inspection covers (propane/LP-gas) items and equipment and 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 working of sealed equipment, or structural components, and cannot be construed to cover future defects or unforeseen happenings.

Reference Invoice No. _____ Date _____

 (Please Print)

 (Please Print)

- Know how to turn off 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

Certify that I have completed the System Check as prescribed.

- Perform Odor Test Performed Pressure Test
 Placed Safety Decal Left Consumer Safety Info and Material