

GAS CHECK FORM

Company Name/Branch _____ Driver/Installer _____

Customer Name _____ Account Number _____ Date _____
 Address _____ Phone Number _____
 City _____ State _____ Zip _____

Customer's Signature _____

Container Check

| Size | Serial Number | Manufacture | Requalification Date (Cylinders) | Location | Condition | Relief Valve | Fittings Leak Check |
|------|---------------|-------------|----------------------------------|----------|-----------|--------------|---------------------|
| | | | | | | | |
| | | | | | | | |

Regulator Check

| Type | Manufacture | Date/Model | Vent Position/Protection | Flow Pressure | Lock-Up Pressure |
|------|-------------|------------|--------------------------|---------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Leak Check

| | | | | | |
|----------------|--------------|-----------|---------------|---|---|
| Start Pressure | End Pressure | Time Held | Pressure Held | Y | N |
| | | | Work Order | Y | N |

Piping Check

| Materials | Size | Cover/Protection |
|-----------|------|------------------|
| | | |
| | | |
| | | |

Appliance Check

| | | | | | | |
|---------------------------|--|--|--|--|--|--|
| Appliance | | | | | | |
| Manufacture | | | | | | |
| Model | | | | | | |
| Serial # | | | | | | |
| BTU's | | | | | | |
| Burner/Com. Chamber | | | | | | |
| Man. Shutoff/Sed. Trap | | | | | | |
| Control/Pilot Safety Sys. | | | | | | |
| Venting System | | | | | | |
| Combustion Air | | | | | | |
| Taken Out of Service | | | | | | |

Safety Information

| | | | | | |
|-------------------------------|--------|-----------------------------------------------|--------|---------------------------------------|--------|
| Instructed on verifying odor: | Y N | Instructed on how to cut gas off at the tank: | Y N | Instructed how to read gauge on tank: | Y N |
|-------------------------------|--------|-----------------------------------------------|--------|---------------------------------------|--------|