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INDIANTOWN GAS CO.
P. O. BOX 8
INDIANTOWN, FL 34956
772-597-2268

PROPANE GAS SYSTEM
PERFORMANCE AND SAFETY CHECK

Customer Name _____ Time of Service Call: Arrived _____ Departed _____

Address _____ City _____ Phone # _____

Purpose of Service: New Customer Change of Occupancy Out of Gas Leak Complaint Driver Request Other Service

Appliance:	Central Heating	Space Heater	Water Heater	Range	Clothes Dryer	Fireplace
Manufacturer						
Model No.						
Manual Shut-off (Installed/Existing)						
Red Tag (Remove from Service)						

TANK/CYLINDER

Size	Serial Number	MFR	MFR Date	Last Test Date (Cyl.)	Location	Tank	Paint	Pigtail	Fittings	Gauge	Relief Valve			Fittings Leak Test
											Condition	Date	Cap	

PIPING/REGULATOR OPERATION/CONDITION

	MFR	Model	Regulator Date Code	Regulator Condition	Reg. Vent Position	Flow Pressure	Lock-up Pressure
TWIN STATE						IN. W.C.	IN.W.C.
TWO STAGE	1ST					PSIG	PSIG
	2ND					IN. W.C.	IN. W.C.

PIPING LEAK CHECK

PRESSURE TEST (New Piping Only)

Pressure prior to starting leak check	Start Pressure	End Pressure	Start Time	End Time	Pressure Held (Yes or No)	High Pressure	Low Pressure
						_____ lbs.	_____ lbs.
						Pressure held	_____ Min. _____ Min.
						Time held	

Comments: _____

This inspection covers (propane/LP Gas) items and equipment visible and accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, and the internal working of sealed equipment, or structural components and cannot be construed to cover future defects or unforeseen happenings.

 (Customer Name / Print)

 (Service Technician Name / Print)

I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been told where to shut the gas supply off at the tank or cylinder.

Performed Odor Test: Yes No

I have smelled propane gas and can detect its odor.

Odor Detected: Yes No

I have received the Consumer Safety information and have been told to read and share with all family members and/or others living in the household.

Consumer Safety Information supplied to customer:

I had gas system deficiencies and or corrections, if any clearly explained to me.

I am satisfied with the service work performed.

 (Customer Name / Print)

 (Service Technician Name / Print)