

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:	Instructed on how to cut gas off at the tank:	Instructed how to read gauge on tank:
Y N	Y N	Y N