*GAS*Check – *Gas Appliance System Check*

Account Number 103640 Invoice Number W173438 Date 5/15/26

Name CHRIS & JANE STARBALA Company/Branch POUGHKEEPSIE

Address 96 BIRCH DRIVE Service Technician ROBIN

City P.V. State NY Zip 12569 Telephone (work) _____ (home) 845-635-8838

Appliance Check

Appliance	RANGE		DRYER	FURNACE		HOT WATER
Manufacturer	KITCHENAID		LG	TRANE		RUDD
Model #	350/JEP963		DLG3461V	5SX2D12Ø45PB3A		PROG50-36P
Serial #	30263			26033M05KG		Q0119092600
BTU's	50,000		35,000	80-120,000		36,000
Burner/Com Chamber	5 - COUNTOP ONLY		OK	OK	(50 GAL)	1
Man Shutoff/Sed Trap	OK		OK	OK		OK
Control/Pilot Safety Sys	OK		OK	OK		OK
Venting System	OK		OK	OK		OK
Combustion Air	OK		OK	OK		OK
Taken Out of Service	N/A		N/A	NEW		N/A

Container Check

Size	Serial #	Manufacturer	Requlification Date(Cylinders Only)	Location	Container Condition	Relief Valve	Fittings Leak Check
500 LG.	N/A	N/A		OK	OK		

Pressure Test (if Applicable) NO PORTS ON REGS

Start Pressure	End Pressure	Time Held	Start Time / End Time

System Leak Check

Start Pressure	End Pressure	Time Held	Start Time / End Time

Piping Check

Materials	Size	Cover/Protection
STEEL	VARIOUS	INTERNAL

Regulator Check

Type	Manufacturer	Date/Model	Vent Postion/Protection	Flow Pressure	Loc-Up Pressure
PRIMARY	FISHER	N/A (NO PORTS)	OK/LID		
2ND STAGE	1	1			

DISCLAIMER:

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, the internal working of sealed equipment, or structural components, and cannot be construed to cover future or unforeseen happenings.

Customer Acknowledgment: I understand a system check and installation review has been completed on my gas system as described above. I also acknowledge that the individual performing the Gas System Check informed me of the procedure and the outcome of the inspection; what was covered by the inspection and what was not covered; what repairs and/or alterations, if any, were made to the gas system or appliances; and options available for making recommended changes to my gas system. I further acknowledge, by initialling each of the following items that:

✓ I have informed the service technician of all gas-burning appliances and gas lines on my property

✓ I have smelled the propane gas and can detect its odor.

✓ I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas off at the container.

✓ I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity and that certain physical limitations or conditions might prevent me from smelling a gas leak.

✓ I have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories.

✓ I have received safety information and been told to read it and share it with all family members.

___ I am satisfied with the service work performed.

I, CHRIS STARBALA **have read and fully understand this certification.**

customer and/or tenant (printed name)

_____ 5/15/26

customer and/or tenant (signature) date

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