*GAS*Check – *Gas Appliance System Check*

Account Number 21743-1 Invoice Number 173186 Date 3/16/2026

Name Edison Shari Company/Branch STAR GAS

Address 567 STEATE RD Lot # 1 Service Technician Gennaro + Dennis

City Wappingers Falls State NY Zip 12590 Telephone (work)_____ (home)_____

Appliance Check

Appliance	Boiler	RANGE	Hotwater
Manufacturer	ALFA	Frigidaire	Bradford White
Model #	ALFA - 180	FGGF3035RFC	RG230T6X
Serial #	N/A	VF7081724T	PT40150876
BTU's	180,000	71,000	31,000
Burner/Com Chamber	ok	ok	ok
Man Shutoff/Sed Trap	Existing ok	Existing ok	Existing ok
Control/Pilot Safety Sys	ok	ok	ok Pilot
Venting System	ok	ok	ok
Combustion Air	ok	ok	ok
Taken Out of Service			

Container Check

Size	Serial #	Manufacturer	Requlification Date(Cylinders Only)	Location	Container Condition	Relief Valve	Fittings Leak Check
420	A-67767	Manchester	2025	ok	ok	ok	ok
420	A-85003						

Pressure Test (if Applicable)

Start Pressure	End Pressure	Time Held	Start Time / End Time
X			

System Leak Check

Start Pressure	End Pressure	Time Held	Start Time / End Time
7PSI	7PSI	10MINS	Start Time 9:55 End Time 10:05

Piping Check

Materials	Size	Cover/Protection
Copper	½ SL	Joists
↓	⅜ + ½	Hotwater
Pipe	½	Boiler

Regulator Check

Type	Manufacturer	Date/Model	Vent Postion/Protection	Flow Pressure	Loc-Up Pressure
1st 2nd Stage	Fisher	2025 R222K R622HF	Horz Down	10 N/A	V N/A

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, _____ **have read and fully understand this certification.**

customer and/or tenant (printed name)

_____ 3/16/2026

customer and/or tenant (signature) date

rev. 09/2019