GAS APPLIANCE SYSTEM CHECK

5/26

Account Number 9003

Name Aaron Rings

Address 126 Springbrook Rd Port Jervis NY 12771

Telephone: Office _____ Home _____

Company/Location A.C. Howell Coorp

Call Date _____ Date Requested _____

Call Taker Name _____

Instructions _____

Performance Check: Item	Central Heating 1	Space Heater 2	Water Heater 3	Range 4	Clothes Dryer 5	Generator	
Manufacturer Boiler	Lenox	n/A	indirect	elect	elect	Guardian	
Model No. GWB 84-150-01						no	
Serial No. 8724L02087						data	
Fuel	LP					LP	
Manual Shutoff (Installed/Existing)	exist					exist	
Sediment Trap (Installed/Existing)	exist					exist	
Control Mfgr./Model No. Robert Shaw						–	
Pilot(s)/Pilot Safety System	OK					–	
Ignition Systems(s) Mfgr./Model No.	–					–	
Thermostats Mfgr./Model No.	–					–	
Burner(s)/Combustion Chamber	OK					OK	
Venting System/Draft Diverter	OK					OK	
Combustion Air	OK					OK	
Red Tag (Removed from Service)/Recall	n/A					n/A	

Manufacturer TANK/CYLINDER (Additional Serial No.'s):

SIZE	SERIAL NUMBER	MFR.	MFR. DATE	LAST TEST DATE	LOCATION	TANK COND.	PAINT COND.	PIGTAIL COND.	FITTINGS COND.	GAUGE COND.	RELIEF VALVE COND.	RELIEF VALVE DATE	RELIEF VALVE CAP	FITTINGS LEAK TEST
100 Lgll	380987E	Worthington	10/00	1-26	B	Good	new	new	new	OK	new	'26	✓	✓
DOT														

PIPING/REGULATOR OPERATION/CONDITION

FITTINGS LEAK TEST		PIPING MATERIAL	PIPING SIZE	REGULATOR MFR. DATE (CODE)	MFR.	REGULATOR CONDITION	MODEL	REG. VENT POSITION	HOW PROTECTED	FLOW PRESSURE	LOCK UP LEAK TEST
✓		Iron	½"	~~MEGR1832 HBF~~	MEC	new	MEGR1832HBF	horizon	dome	11. IN WC	13.3 IN WC
TWO STAGE	1st			7-24						PSIG	PSIG
	2nd									IN WC	IN WC

SYSTEM LEAK TEST

SINGLE STAGE/ INTEGRAL/ SECOND STAGE		START PRESSURE (INCHES WC)	END PRESSURE (INCHES WC)	TIME HELD	SYSTEM OK
		50 PSIG	50 PSIG	5 min	✓
TWO STAGE	1st				
	2nd				

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.

I, _____
(Please Print)

- Know how to turn off gas in case of emergency.
- Have smelled propane and can detect its odor.
- Have received the Consumer Safety information and material.
- Had gas system deficiencies and/or corrections, if any, clearly explained to me.
- Am satisfied with the service work performed.

Brandyle Rings
(Customer Signature)

Comments _____

Reference Invoice No. 2864 Date 5-12-26

I, _____
(Please Print)

Certify that I have completed the System Check as prescribed.

Performed Odor Test ☒ Yes Performed Leak/Pressure Test ☒ Yes

Placed Safety Decal ☒ Yes Left Consumer Safety Info and Material ☒ Yes

Steve Hall
(Service Technician's Signature)