PROPANE SAFETY INSPECTION

Account # 127314 Name MICHAEL SMITH Address [560055] 9135 STATE ROUTE 11 City POTSDAM

State NY Zip 13676 Phone (518) 572-7513 Date of Inspection 09/16/2026 Branch/Location Work Order #

Equipment Type	Room/Space Heater	Room/Space Heater			
Manufacturer	Rinnai	Rinnai			
Year Manufactured	NV	NV			
Model #	Ex38dtp	Fc824p			
Serial #	N/V	Lklb622508			
Fuel	Propane	Propane			
BTUs (Maximum Input)	36,500	22,000			
Manual Shutoff Valve	OK	OK			
Sediment Trap	OK	OK			
Burner(s) Condition	OK	OK			
Combustion Chamber Condition	OK	OK			
Control/Pilot Safety System	OK	OK			
Venting System	OK	OK			
Combustion Air	OK	OK			
Taken Out of Svc or Operation (Tag #)	No	No			

CONTAINER CHECK

Serial #	Cust. Own	Container Type ASME/ DOT	Container Type AG/UG/AGUG	Size	Tank %	Manufacturer	Mfr. Date	DOT Last Requal Date	DOT Type	Container Found.	Container Loc.	Container Cond.	Relief Valve Cond.	Relief Valve Date	Relief Valve Cap	Fittings Leak Test
1959030	N	ASME	AG	120 wg	12	Worthington	2020	N/A		OK	OK	OK	OK	2020	OK	OK

PIPING

	Material	Size	Protection
Integral	CT (Copper Tubing)	1/2	OK
Integral	CSST (Corrugated	1/2	OK

REGULATOR(S)

	Mfr.	Model #	Date Code	Cond.	Vent Position	Protection
Integral	REGO	Lv404b4	1019	OK	OK	OK

CSST TRACKING (IF APPLICABLE) Bonded ☐ Yes ☐ No ■ Unknown | Jurisdictional Acct. ☐ Y ■ N ☐ Unknown | Gas Lines Capped ☐ Y ■ N/A | Heat Pump ☐ Y ■ N

System Type	System Leak Check ■ Entire System: Initial/Start Pressure		End Pressure		Start Time	End Time	Pressure Test: Start Pressure	End Pressure	Start Time	End Time	System Operation Tests: Flow Pressure Test	Lock-Up Pressure Test
Integral	10 / 5 ☐ WC ■ PSI		5 ☐ WC ■ PSI		10:15	10:20	PSI	PSI			11 ■ WC ☐ PSI	12 ■ WC ☐ PSI
	/ ☐ WC ☐ PSI		☐ WC ☐ PSI				PSI	PSI			☐ WC ☐ PSI	☐ WC ☐ PSI
	/ ☐ WC ☐ PSI		☐ WC ☐ PSI				PSI	PSI			☐ WC ☐ PSI	☐ WC ☐ PSI
	/ ☐ WC ☐ PSI		☐ WC ☐ PSI				PSI	PSI			☐ WC ☐ PSI	☐ WC ☐ PSI

Performed Sniff Test ■ Y ☐ N

Comments: 50ft 1/2 csst line2 - 1/2 csst fittings ; ;

Disclaimer: This inspection covers gas equipment and appliances visible and readily 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 workings of sealed equipment or structural components, and cannot be construed to cover future or unforeseen happenings.

I, ■ Property Owner ☐ Tenant ☐ Authorized Representative, **acknowledge** that the individual performing the propane safety review informed me of the procedure and the outcome of the review; what was covered by the review 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 that:

- I have informed the individual performing the propane safety review of all gas-burning appliances and gas lines on my property.
- 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 tank.
- I have smelled the propane gas and can detect its odor.
- I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity.

In addition, I have been told that certain physical limitations or conditions might prevent me from smelling a gas leak.

- I have received customer 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 been advised to install one or more gas and carbon monoxide detectors listed by Underwriters Laboratories (UL) as an additional measure of safety.

I have been provided the following additional safety materials:

■ Propane Safety Booklet (PRC-005606 or PRC-101063)
☐ Important Propane Safety Information Brochure (PRC-003121 or PRC-101062)
☐ Carbon Monoxide Brochure (PRC-000075)

Jack Deshane
Service Technician Name - Print

Service Technician Signature — 09/16/2026 Date

MICHAEL SMITH
Customer Name - Print

Customer Signature — 09/16/2026 Date

HOWLAND PUMP SUPPLY Inc

HULBERT SUPPLY - MALONE

4082 STATE ROUTE 11
PO BOX 505
MALONE, NY 12953

Phone 518-521-3164
Fax 518-521-3059

INVOICE

Sold To

ADIRONDACK ENERGY
P.O. BOX 355
MALONE NY 12953

Ship To

ADIRONDACK ENERGY
P.O. BOX 355
MALONE NY 12953

Customer #	Order Date	Sales Order #	Buyer	Customer P/O #	Ship Via	Salesman
0002101	09/03/2026	E132442		Mike Smith	BEST WAY	DPS

Invoice #	Invoice Date	Ship Date	Freight Terms	Job Number	Terms
E132442	09/15/2026	09/15/26	PREPAID& ADD		Net 30 Days

LN	ONTY ORD	ONTY SHIP	ONTY B/O	PRODUCT NUMBER	DESCRIPTION	UOM	NET PRICE	EXTENSION
1	1	1		EX38DTP	RINNAI 36,500 BTU LP DT SERIES DIRECT VENT WALL FURNACE BEIGE WALL THERMOSTAT READY **Serial #** LB-005863	EA	1984.10	$1984.10
2	1	1		FOT115	RINNAI VENT ELBOW 90 FITS EX38CT	EA	79.71	$79.71

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Merchandise	2,063.81
Freight	0.00
Misc Charges	0.00
Sub Total	2,063.81
Taxable	0.00
Tax (99)	0.00
TOTAL	$2,063.81

Sent Copy Pay By 10/15/2026 Writer: DPS