

Customer inspection and installation record

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Special service instructions: _____

Tank is owned by: Customer Company Size of container(s): _____

Container(s) located proper distances from buildings and property lines? Yes No

Any sources of ignition within 10 feet? (i.e., air conditioners, grills, etc.) Yes No

Is the container base substantial and noncombustible? Yes No

Is the yard piping or tubing properly buried and/or protected? Yes No

Is piping where entering the structure aboveground coated or wrapped with an inert material? Yes No

Is piping where entering the structure underground installed and sealed in gas tight conduit? Yes No

Appliances on system:

Furnace	Crop Dryer	Range/Oven	Fireplace Log	Gas Grill
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Dryer	Space Heater	Water Heater	Lights	Other
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Pressure test: Start time: _____ Start pressure: _____

End time: _____ End pressure: _____

Leak test: Start time: _____ Start pressure: _____

End time: _____ End pressure: _____

Any regulators over 15 years old? Yes List: _____ No

First stage regulator delivery pressure: _____

First stage regulator lockup test: Lockup pressure at start: _____

Lockup pressure after 5 minutes: _____

Second stage delivery pressure: _____

Second stage regulator lockup test: Lockup pressure at start: _____

Lockup pressure after 5 minutes: _____

Second stage regulator secured? Yes No

Second stage regulator located out of doors? Yes No

If not, is the vent outlet piped out of doors? Yes No

Second stage regulator vent discharge downward or protected? Yes No

Regulator vent discharge located:

A minimum of three feet horizontally from: 1. Any building opening below the level of discharge? Yes No

A minimum of five feet in any direction from: 1. Sources of ignition Yes No

2. Intakes for direct vent appliances Yes No

3. Mechanical air intakes Yes No

Are all vented types of devices properly vented? Yes No

Are there any unvented appliances? Yes List: _____ No

Has customer been made aware of the odorant added to propane, shown how to turn off tank valve, and been given written information? Yes No

Technician's signature: _____ Date: _____

Customer's signature: _____ Date: _____

I have been shown or know how to turn off the main supply valve for the propane tank.

I have been given information on what the odorant in propane smells like and that gas detection equipment is available and may be beneficial to detecting gas leaks within the building.