THIS SECTION MUST BE COMPLETED BY THE TECHNICIAN COMPLETING THIS INSPECTION.

. –	
License #	Certificate #
Company	Phone Number
nspection 🗌	New Installation 🔲
upplier	
1	Company

OVERALL EVALUATION

Pass 🗌

Signature _____

INSPECTION FOLLOW UP

Fail

Section # & Item #	Deficiencies	Follow-up/Corrective Action	Completion Date

CUSTOMER NOTIFICATION

Dear Valued Customers:

We value your business and are pleased you have chosen our company to provide you with products and services. As part of our ongoing service to our customers, we inspect gas consuming products and related equipment to ensure that they are in proper operating condition and meet company, industry and provincial installation standards.

Our inspection cover gas related items visible and accessible to the company technician and represents conditions at the date of inspection. However, this inspection does not cover and is not able to reveal latent or manufacturing defects, the internal working condition of sealed equipment, structural components or future defects or unforeseeable happenings.

In addition the company service technician has reviewed several items with you to ensure that you are familiar with the operations of the appliances and equipment and all safety features. Please indicate your response to the statements set out below.

CUSTOMER ACKNOWLEDGMENTS	YES	NO
1. The appliance(s) and/or equipment have been inspected to my satisfaction	0	0
2. I have been advised on how to operate the gas-consuming product(s)	0	0
3. I have been advised on how to turn off the supply of gas in case of an emergency	0	0
4. I have smelled gas/propane and can detect its odour	0	0

CUSTOMER COMMENTS

Customer Signature _____

SECTION A: PROPANE STORAGE

1.	Are the tanks/cylinders installed with at least the required minimum clearances	YES	NO
	from property lines, drainage collectors, building openings, air intakes and sources of ignition?	YES	NO
2.	Are the tanks/cylinders adequately protected from physical damage (i.e. vehicle damage)?	YES	NO
3.	Is the condition of the tanks/cylinders support (base or footing) acceptable?	YES	NO
4.	Are the tanks/cylinders located for easy filling?	YES	NO
5.	Are the tanks/cylinders level and plumb?	YES	NO
6.	Is the condition of the paint acceptable?	YES	NO
7.	Are the tanks/cylinders service and filler valves in good operating condition?	YES	NO
8.	Are the valves and tank fittings free of leaks?	YES	NO
9.	Is the attached protective dome cover(s) in place and in good working order?	YES	NO
10.	Is the physical condition of the tank(s)/cylinder(s) acceptable?	YES	NO
11.	Are relief valve drain caps installed where required?	YES	NO
12.	Are the shut off valves excess flow valves and back checks installed as per code required?	YES	NO

SECTION B: FUEL SYSTEM

1.	Are outside regulators protected from physical damage and weather conditions?	YES	NO
2.	Is the location and venting of the regulators acceptable?	YES	NO
3.	Are the piping and tubing free of obstruction or damage (i.e. corrosion)?	YES	NO
4.	Are the piping and tubing properly supported?	YES	NO
5.	Have all gas lines been identified (i.e. yellow brand or label propane/gas as required)?	YES	NO
6.	Are drip pockets/drip tees installed where required?	YES	NO
7.	Are appliance shut off valves installed where required?	YES	NO
8.	Is pressure leak/test tag hung?	YES	NO

	Not conducted	HIGH PRESSURE	TIME	LOW PRESSURE	TIME
PRESSURE TEST		PSI		PSI	
	Not conducted	HIGH PRESSURE	TIME	LOW PRESSURE	TIME
LEAK TEST		PSI		IN W.C.	
SOAP TEST	Soap test connection not subject to pressure test of leak test			SYSTEM GAS TIGH	Г

ТҮРЕ	MAKE	MODEL #	T	TEST FIRED OK	
			YES	NO	
			YES	NO	
			YES	NO	
			YES	NO	

TECHNICIAN NOTES & WARNING TAG INFORMATION

Section # & Item #	Notes	Correction Date – MM/DD/YY	Signature