

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

Name of Technician _____ License # _____ Certificate # _____
 Company Name _____ Company Phone Number _____
 Date of Inspection _____ 10 Year Reinspection New Installation
 Name of Inspectors Insurance Company _____
 Customer _____
 Address _____
 Telephone Number _____ Fuel Supplier _____

OVERALL EVALUATION

Pass Fail Signature _____

INSPECTION FOLLOW UP

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	<input type="radio"/>	<input type="radio"/>
2. I have been advised on how to operate the gas-consuming product(s)	<input type="radio"/>	<input type="radio"/>
3. I have been advised on how to turn off the supply of gas in case of an emergency	<input type="radio"/>	<input type="radio"/>
4. I have smelled gas/propane and can detect its odour	<input type="radio"/>	<input type="radio"/>

CUSTOMER COMMENTS

Customer Signature _____

