

Section A: Propane Storage:

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

Section B: Fuel System

1. Are outside regulators protected from physical damage and weather conditions?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the location and venting of the regulators acceptable?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the piping and tubing free of obstruction or damage (i. e. crimps, corrosion)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the piping and tubing properly supported?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have all gas lines been identified (i. e. yellow bands or label propane/gas as required)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are dirt pockets/drip tees installed where required?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are appliance shut off valves installed where required?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is pressure/leak test tag hung?	<input type="checkbox"/>	<input type="checkbox"/>

Pressure Test	Not conducted <input type="checkbox"/>	High Pressure	Time	Low Pressure	Time
		PSI		PSI	
Leak test	Not conducted <input type="checkbox"/>	High Pressure	Time	Low Pressure	Time
		PSI		In. w. c.	
Soap Test	Soap test connections not subject to pressure test or leak test			System gas tight	<input type="checkbox"/>

Type	Make	Model #	Test fired OK	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>