

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

Name of Technician _____ License # _____ Certificate # _____ License Expiry _____
 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 _____

SECTION A: PROPANE STORAGE

- | | | |
|--|-----|----|
| 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? | 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 |

PRESSURE TEST	Not conducted <input type="checkbox"/>	HIGH PRESSURE PSI	TIME	LOW PRESSURE PSI	TIME
LEAK TEST	Not conducted <input type="checkbox"/>	HIGH PRESSURE PSI	TIME	LOW PRESSURE IN W.C.	TIME
SOAP TEST	Soap test connection not subject to pressure test of leak test			SYSTEM GAS TIGHT <input type="checkbox"/>	

TYPE	MAKE	MODEL #	TEST FIRED OK	
			YES	NO

CYL.	TANK	SIZE	SERIAL NUMBER	MFG DATE	MFG NAME	CRN / NM#	Condition		
							Excellent	Good	Poor

TECHNICIAN NOTES & WARNING TAG INFORMATION

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