

# Gas Appliance System Check



2747 NW 21 Street  
Miami FL 33142  
305-204-3333



Account Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

Email Address : \_\_\_\_\_  
What percent is the tank at : \_\_\_\_ Is there a gate? If so what is the code to get in? \_\_\_\_  
Where is the tank located? \_\_\_\_ LS (Left side of house) \_\_\_\_ RS (Right side of house)  
\_\_\_\_ FH (Front of house) \_\_\_\_ BH (Back of house)

**Disclaimer:** This inspection covers gas equipment and appliances visible and readily accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, the internal workings of sealed equipment or structural components, and cannot be construed to cover future or unforeseen happenings.

### Appliance Check

Appliance				
Manufacturer				
Model #				
Serial #				
Burner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustion Chamber	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A
Manual Shutoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sediment Trap	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A
Pilot Safety System	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A
Electronic Ignition System	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A
Venting System	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A
Combustion Air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taken Out of Service	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A	<input type="checkbox"/> <input type="checkbox"/> N/A

### Installation Review

Yes No

Safety information and materials provided to customer  
Appliance(s) are suitable for continued service  
Interior gas piping is suitable for continued service

I, \_\_\_\_\_ Service Technician (Printed Name) certify that I have completed the system check and installation review as described above.  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Service Technician (Signature) Date

**Customer Acknowledgement:** I understand a gas appliance and interior piping system check and installation review has been completed on my gas system as described above. I also acknowledge that the individual performing the Gas Appliance Check informed me of the procedure and the outcome of the inspection; what was covered by the inspection and what was not covered; what repairs and/or alterations, if any, were made to the gas system or appliances; and options available for making recommended changes to my gas system. I further acknowledge, by initialing each of the following items, that:

- \_\_\_\_\_ I have informed the service technician of all gas-burning appliances and gas lines on my property.
- \_\_\_\_\_ I have smelled the propane gas and can detect its odor.
- \_\_\_\_\_ I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas off at the container.
- \_\_\_\_\_ I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity and that certain physical limitations or conditions might prevent me from smelling a gas leak.
- \_\_\_\_\_ I have been told to consider installing one or more propane gas detectors listed by Underwriters Laboratories.
- \_\_\_\_\_ I have received safety information and been told to read it and share it with all family members.
- \_\_\_\_\_ I am satisfied with the service work performed.

I, \_\_\_\_\_ Customer and/or Tenant (Printed Name) have read and fully understand this certification.  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Customer and/or Tenant (Signature) Date

Repairs Completed: _____ _____ _____	Recommended Actions (if applicable): _____ _____ _____
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