

# PROPANE GAS PIPING SYSTEM CHECK



MIAMI GAS  
YOUR PROPANE GAS PROVIDER

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Master Qualifier # LQ4699 / LP Gas Lic # LG40396

|                                                                                                                                                                                              |                                                          |                                                          |                                                                  |                                                          |                                                                   |                                                          |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| Customer Name:                                                                                                                                                                               |                                                          |                                                          |                                                                  | Date of Service: / /                                     |                                                                   |                                                          |                                                          |
| Address:                                                                                                                                                                                     |                                                          |                                                          | City:                                                            |                                                          | State:                                                            | Zip:                                                     |                                                          |
| Home/Work/Cell Phone #:                                                                                                                                                                      |                                                          |                                                          | Arrived: <input type="checkbox"/> AM <input type="checkbox"/> PM |                                                          | Departed: <input type="checkbox"/> AM <input type="checkbox"/> PM |                                                          |                                                          |
| Purpose of Service: <input type="checkbox"/> New Customer <input type="checkbox"/> Interruption of Service <input type="checkbox"/> Leak/Odor Complaint <input type="checkbox"/> Other _____ |                                                          |                                                          |                                                                  |                                                          |                                                                   |                                                          |                                                          |
| Appliance Type                                                                                                                                                                               |                                                          |                                                          |                                                                  |                                                          |                                                                   |                                                          |                                                          |
| Manufacturer                                                                                                                                                                                 |                                                          |                                                          |                                                                  |                                                          |                                                                   |                                                          |                                                          |
| Model No.                                                                                                                                                                                    |                                                          |                                                          |                                                                  |                                                          |                                                                   |                                                          |                                                          |
| Serial No.                                                                                                                                                                                   |                                                          |                                                          |                                                                  |                                                          |                                                                   |                                                          |                                                          |
| Manual Shutoff                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Appliance Taken Out of Service                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## TANK/CYLINDER

|                                                                      |                                                          |                                                                                              |                                                          |
|----------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------|
| DOT cylinder(s) within requalification date?<br>Date? / /            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Leak test performed on container fittings?                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Container(s) distance requirements are met?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Exterior gas piping is suitable for continued service?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Container(s) condition suitable for service?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dielectric isolation installed according to code for metallic pipe or tubing, if applicable? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cathodic protection provided, tested, and documented, if applicable? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dielectric isolation already installed?                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## REGULATOR(S)

| Manufacturer | Model | Regulator Date | Regulator Venting                                                   | Flow/Delivery Pressure | Lock-up Pressure |
|--------------|-------|----------------|---------------------------------------------------------------------|------------------------|------------------|
|              |       |                | <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect |                        |                  |
|              |       |                | <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect |                        |                  |
|              |       |                | <input type="checkbox"/> Correct <input type="checkbox"/> Incorrect |                        |                  |

## PIPING SYSTEM LEAK CHECK

| Test Location | Start Pressure      | End Pressure        | Start Time | End Time | Pressure Held                                               | Test Location | Start Pressure      | End Pressure        | Start Time | End Time | Pressure Held                                               |
|---------------|---------------------|---------------------|------------|----------|-------------------------------------------------------------|---------------|---------------------|---------------------|------------|----------|-------------------------------------------------------------|
|               | ____ PSI<br>____ WC | ____ PSI<br>____ WC |            |          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |               | ____ PSI<br>____ WC | ____ PSI<br>____ WC |            |          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|               | ____ PSI<br>____ WC | ____ PSI<br>____ WC |            |          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |               | ____ PSI<br>____ WC | ____ PSI<br>____ WC |            |          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

## NEW PIPING PRESSURE TEST

Comments on Service/Repair/Alterations: \_\_\_\_\_

**Disclaimer:** This inspection covers gas distribution system equipment 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 existing on the date of inspection.

**Customer Acknowledgement:** I acknowledge, by checking each of the following items, that:

- ☐ I have informed the service technician of all gas-burning appliances, gas lines, and unused piping not connected to any gas appliance on my property.
- ☐ I have been informed of what deficiencies, repairs &/or alterations, if any, were made to my gas system or appliances.
- ☐ 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 supply off at the tank or cylinder. I have smelled propane gas and can detect its odor. I have been told to consider installing one or more gas detectors that are listed by Underwriters Laboratories.
- ☐ I have received safety information and told to read it and share it with all family members.
- ☐ I am satisfied with the service work performed.

|                            |                                |           |
|----------------------------|--------------------------------|-----------|
| Service Technician (Print) | Service Technician (Signature) | Date: / / |
| Customer (Print)           | Customer (Signature)           | Date: / / |

State of Florida State of Florida \_\_\_\_\_  
The foregoing instrument was acknowledged before me via ☐ physical presence OR ☐ online notarizations this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_  
By \_\_\_\_\_  
Personally known \_\_\_\_ OR produced identification \_\_\_\_  
Type of identification produced \_\_\_\_\_  
NOTARY NAME HERE, Notary Public  
My Commission Expires \_\_\_\_\_