

Disclaimer

This inspection covers propane/LP-gas items and equipment visible and 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 working of sealed equipment, or structural components, and cannot be construed to cover future or unforeseen happenings.

I, _____, acknowledge that the individual performing the GAS Check informed me of the GAS Check 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 individual performing the GAS Check of all gas burning appliances and gas lines on my property.
- _____ 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 tank.
- _____ I have smelled the propane gas and can detect its odor.
- _____ I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity. In addition, I have been told 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 as an additional measure of security.
- _____ I have received customer safety information and been told to read it and share it with all family members.
- _____ I am satisfied with the service work performed.

I HAVE READ AND FULLY UNDERSTAND THIS CERTIFICATION.

Customer and/or Tenant Signature

Date

Print Name

Witnessed by:

Service Technician's Signature

Date

Print Name