



GASCheck – Gas Appliance System Check

XXXXXX

Account Number _____ Invoice Number _____ Date ____/____/____
 Name _____ Company/Branch _____
 Address _____ Call Taken By _____
 City _____ State _____ Zip _____ Telephone (Work) _____ (Home) _____

Appliance Check

Appliance						
Manufacturer						
Model #						
Serial #						
BTU's						
Burner/Com. Chamber						
Man. Shutoff/Sed. Trap						
Control/Pilot Safety System						
Venting System						
Combustion Air						
Taken Out Of Service Or Operation						

Container Check

Size	Serial #	Manufacturer	Requalification Date (Cylinders Only)	Location	Container Condition	Relief Valve	Fittings Leak Check

Pressure Test (If Applicable)

Start Pressure	End Pressure	Time Held	Pressure Held	Y
				N
			Work Order	Y
				N

Piping Check

Materials	Size	Cover/Protection

System Leak Check

Start Pressure	End Pressure	Time Held	Pressure Held	Y
				N
			Work Order	Y
				N

Regulator Check

Type	Manufacturer	Date/Model	Vent Position/Protection	Flow Pressure	Lock-Up Pressure

Safety Information Supplied: _____

Comments: Please note all repairs and corrections made along with any recommended actions.