

SOUTHERN INDIANA PROPANE

LP GAS CONSUMER INSTALLATION RECORD

DATE: _____ TOWNSHIP _____

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE (H) _____ (W) _____ (CELL) _____ EMAIL : _____

APPLIANCES:

	BTU	LISTED MANUAL SHUTOFF	VENTED PROPERLY	PILOT LIGHT	SEDIMENT TRAP
FURNACE	_____	_____	_____	_____	_____
KITCHEN RANGE	_____	_____	_____	_____	_____
DRYER	_____	_____	_____	_____	_____
WATER HEATER	_____	_____	_____	_____	_____
FIREPLACE	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TANK CYLINDERS:

SIZE	SERIAL NUMBER	MFG.	MFG. DATE	TANK TYPE (AG,UG)	OWNED BY
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SUBSTANTIAL, NONCOMBUSTIBLE CONTAINER BASE? YES ____ NO ____

RELIEF VALVE DISCHARGES AT LEAST 5 FEET HORIZONTALLY FROM ANY BUILDING OPENING
BELOW THE LEVEL OF DISCHARGE (3 FEET FOR CYLINDERS)? YES ____ NO ____

FILL VALVE, RELIEF VALVE, AND FIXED MAXIMUM LIQUID LEVEL GAUGE LOCATED AT LEAST 10 FEET FROM EXTERIOR SOURCES
OF IGNITION, MECHANICAL VENTILATION AIR INTAKES, OR OPENINGS INTO DIRECT VENTING APPLIANCES (5 FEET FOR
CYLINDERS IN EXCHANGE SER. YES ____ NO ____

SERVICE LINES:

1st STAGE SERVICE LINE:

TYPE OF LINE: _____ IRON PIPE _____ COPPER TUBING _____ POLYETHELENE _____ OTHER

SERVICE LINE PIPING OR TUBING IS BURIED AND/OR PROTECTED? YES ____ NO ____

1ST STAGE LINE LENGTH? _____

1ST STAGE LINE SIZE? _____

SERVICE LINES:

2ND STAGE SERVICE LINE:

TYPE OF LINE: _____ IRON PIPE _____ COPPER TUBING _____ CSST

SERVICE LINE IS COATED, WRAPPED, OR SLEEVED THROUGH EXTERIOR WALL? YES _____ NO _____
 SERVICE LINE ENTERS THE STRUCTURE ABOVE GROUND? YES _____ NO _____
 IF NOT, IS IT SEALED OR INSTALLED IN GAS TIGHT CONDUIT? YES _____ NO _____
 ARE THERE ANY UNUSED GAS PIPING OUTLETS? YES _____ NO _____
 IF YES, ARE THEY FITTED WITH A THREADED GASTIGHT PLUG OR CAP? YES _____ NO _____

AIR PRESSURE TEST (NEW PIPING SYSTEM):

	START TIME	START PSI	END TIME	END PRESSURE
1 ST STAGE LINE	_____	_____	_____	_____
2 ND STAGE LINE	_____	_____	_____	_____
BOTH	_____	_____	_____	_____

REGULATORS:

ARE REGULATORS WITHIN THE NORMAL SERVICE LIFE? YES _____ NO _____
 FIRST STAGE/SINGLE STAGE/INTEGRAL TWO STAGE REGULATOR UNDER HOOD OR PROTECTED? ... YES _____ NO _____
 2ND STAGE REGULATOR SECURED? YES _____ NO _____
 SECOND STAGE REGULATOR LOCATED OUT OF DOORS? YES _____ NO _____
 IF NOT, IS THE VENT OUTLET PIPED OUT OF DOORS? YES _____ NO _____
 SECOND STAGE REGULATOR VENT DISCHARGE OUTLET INSTALLED POINTING DOWNWARD OR PROTECTED? YES _____ NO _____
 REGULATOR VENT DISCHARGE LOCATED AT LEAST 3 FEET HORIZONTALLY FROM ANY BUILDING OPENING BELOW THE DISCHARGE? YES _____ NO _____
 REGULATOR VENT DISCHARGE LOCATED AT LEAST 5 FEET IN ANY DIRECTION FROM SOURCES OF IGNITION AND/OR COMBUSTION AIR INTAKES OF DIRECT VENTED APPLIANCES? YES _____ NO _____
 REGULATOR VENT DISCHARGE OUTLETS CHECKED FOR POSSIBLE BLOCKAGE, AND CLEANED? YES _____ NO _____

LEAKAGE TEST:

LEAKAGE TEST MADE? YES _____ NO _____

LEAKAGE TEST COMPLETED BY: _____ SOAP ONLY _____ HYDRO CARBON PIN-POINT DETECTOR
 _____ PRESTO TAP IN 1ST STAGE LINE _____ "T" BLOCK TEST GUAGE
 _____ U-TUBE MANOMETER _____ SPRING GUAGE MANOMETER

LEAKAGE PRESSURE TEST:

	START TIME	START PSI	END TIME	END PSI
1 ST STAGE LINE	_____	_____	_____	_____
2 ND STAGE LINE	_____	_____	_____	_____
BOTH	_____	_____	_____	_____

REGULATOR OPERATION/CONDITION:

	REG. DATE CODE	REG. COND.	MFG.	MODEL	FLOW PSI	LOCK-UP START TIME	LOCK-UP START PSI	LOCK-UP END TIME	LOCK-UP END PSI
TWIN STAGE	_____	_____	_____	_____	_____	_____	_____	_____	_____
TWO STAGE 1 ST	_____	_____	_____	_____	_____	_____	_____	_____	_____
2 ND	_____	_____	_____	_____	_____	_____	_____	_____	_____
2 ND	_____	_____	_____	_____	_____	_____	_____	_____	_____

CUSTOMER CAN DETECT THE ODOR OF PROPANE?YES___ NO___

(PLEASE PRINT) I, _____(CUSTOMER'S NAME) ACKNOWLEDGE:

- *I UNDERSTAND HOW TO TURN OFF MY SUPPLY OF GAS IN CASE OF EMERGENCY.
- *I HAVE RECEIVED CONSUMER SAFETY INFORMATION AND AN ODOR SNIFF SAMPLE.
- *I HAVE BEEN ADVISED TO INSTALL A COMBUSTIBLE GAS DETECTOR.
- *ANY DEFICIENCIES AND/OR CORRECTIONS NECESSARY HAVE BEEN CLEARLY EXPLAINED TO ME.

CUSTOMER SIGN _____ DATE _____

SERVICE TECHNICIAN SIGN _____ DATE _____

THIS INSPECTION IS EXPRESSLY LIMITED TO LP GAS PIPING AND EQUIPMENT VISIBLE AND ACCESSIBLE TO THE SERVICE TECHNICIAN AND REFLECTS THE CONDITIONS EXISTING AT THE TIME OF THE INSPECTION.

- _____ YES, I WOULD LIKE TO BE ON THE AUTOFILL PROGRAM.
- _____ NO, I DO NOT WANT TO BE ON AUTOFILL. I WANT TO CALL IN MY ORDERS.

DIRECTIONS:

INSTALLATION MATERIALS:

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LABOR:

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HEATING CONTRACTOR:

COMMENTS:
