

Department of Public Safety and Corrections, Public Safety Services
Liquefied Petroleum Gas Commission



JEFF LANDRY
GOVERNOR

DON P. ROBIN
EXECUTIVE DIRECTOR

DOCUMENTATION SHEET FOR
PRESSURE TEST
LOW PRESSURE LEAK CHECK, HIGH PRESSURE LEAK CHECK
INSPECTION OF SYSTEM

CUSTOMER INFORMATION

Customer Name:	Date:
Customer Address:	Place of Public Assembly <input type="checkbox"/> Yes <input type="checkbox"/> No

CONTAINER INFORMATION

Manufacturer:	Type Container: <input type="checkbox"/> ASME <input type="checkbox"/> DOT
Serial Number:	Working Pressure: (in psi) Size: (in water gallons)
Type <input type="checkbox"/> Above Ground <input type="checkbox"/> DOT	Year Manufactured:
Installation: <input type="checkbox"/> Under Ground Cylinder(s)	Container <input type="checkbox"/> Dealer Ownership: <input type="checkbox"/> Customer
Are Container Fittings In Proper Operating Condition And Leak Free? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SYSTEM INFORMATION

Number Of Outlets In System:	Number Of Outlets Capped:
Check All Appliances And <input type="checkbox"/> Stove Top <input type="checkbox"/> Central Heating <input type="checkbox"/> Hot Water Heater <input type="checkbox"/> Free Standing Oven	
Equipment That Is <input type="checkbox"/> Space Heaters <input type="checkbox"/> Fire Place <input type="checkbox"/> Grill <input type="checkbox"/> Stove Top & Oven	
Installed In This System: <input type="checkbox"/> Wall Heaters <input type="checkbox"/> Generator <input type="checkbox"/> Others(Name):	

DEALER INFORMATION

Dealer Name:	Person Making Report:
Dealer Number:	Person Making Report Card Number:

TESTING AND INSPECTION

Reason For Making This Documentation Sheet: (Check All That apply)	<input type="checkbox"/> Pressure Test @____(lbs. psi) For _____ Minutes (Piping only) <input type="checkbox"/> Low Pressure Leak Check @____(in. or oz.) For _____ Minutes (Complete System) <input type="checkbox"/> High Pressure Leak Check @____(lbs.) For _____ Minutes (Complete System) <input type="checkbox"/> Inspection of Proper Installation Workmanship of all Visible Piping Materials, Connectors, Valves, Appliances, Equipment and that the Equipment and/or Appliances have the Proper Flame Performance Characteristics and are Approved for Liquefied Petroleum Gas. (Complete System)
<small>NOTE: The high pressure leak check may be used without inspection of the system, when the dealer has documented within the past twelve months a low pressure test and inspection of the system in his files or has filed such documentation with the office of the Director.</small>	

CERTIFICATION

The undersigned persons certify that the above information is true and correct, and that the gas supply system covered by this report is installed in accordance with the law and the rules and regulations in effect at the time and installed in a good workmanship manner and the same was tested in accordance with the rules and regulations as indicated above and was found to be free of leaks.	
_____ CUSTOMER OR HIS/HER AUTHORIZED REPRESENTATIVE	_____ SIGNATURE OF PERSON MAKING REPORT

This form is not required to be filed with the Commission but may be filed with the Commission to provide independent third party documentation.

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