

Department of Public Safety and Corrections
Liquefied Petroleum Gas Commission



JOHN BEL EDWARDS
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 Installation: <input type="checkbox"/> Under Ground Cylinder(s) | Year Manufactured: 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 Equipment That Is Installed In This System: | <input type="checkbox"/> Stove Top <input type="checkbox"/> Central Heating <input type="checkbox"/> Hot Water Heater <input type="checkbox"/> Free Standing Oven <input type="checkbox"/> Space Heaters <input type="checkbox"/> Fire Place <input type="checkbox"/> Grill <input type="checkbox"/> Stove Top & Oven <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) |
| 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. | |

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.