

Return original to:
 OKLAHOMA LP GAS ADMINISTRATION
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LP GAS SYSTEM SAFETY CHECK

FORM 4

Company: Address: Reason for test: _____ Completed Walk Through Visual Check <input type="checkbox"/> (Check one) <input type="checkbox"/> Building <input type="checkbox"/> Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other Tank is: <input type="checkbox"/> Customer-owned <input type="checkbox"/> Company-owned	Customer: Address: _____ _____ _____ Phone: _____ Email: _____ Physical Location: _____
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TANK:

Size	Manufacturer	Serial Number	Distance from Tank to Bldg	OK Tag #

REGULATOR:

Type	Manufacturer	Model #	Code Date

APPLIANCES:

Type of Appliance	Manufacturer	Model #	Code Date

SYSTEM LEAK CHECK: (minimum 3 minutes)

Test Pressure	Start Time	End Time

PRESSURE CHECK: (If applicable) (Minimum 10 minutes)

Test Pressure	Start Time	End Time

DISCLAIMER: This inspection covers LP-Gas (Propane) piping, fittings, and equipment visible and accessible to the Company's Representative and reflects the conditions existing on the date of the inspection. It does not cover latent or manufacturing defects, the internal workings of sealed equipment, structural components, or LP-Gas (Propane) products and cannot be construed to cover future defects or unforeseen happenings.

I, _____ (print name here) understand that an LP-Gas System Safety Check has been completed on my gas system as described above. I hereby acknowledge that as the customer I am responsible for the system past the LP gas container service valve and throughout the premises and that a pressure test and/or leak check has been performed and the system was found to be leak free.

X

Customer Signature _____ Date _____

_____(Initial) I know how to turn off gas in case of emergency.

_____(Initial) I have smelled propane and can detect its odor.

_____(Initial) I have received "Duty to Warn" information & have been told to read it and share it with others in the household.

_____(Initial) I certify the number of appliances above is complete.

_____(Initial) I have been told to consider installing one or more UL listed propane gas detectors as an additional measure of safety.

Comments: _____

I certify that a pressure test and or leak test has been performed and the system was found to be leak free.