



MOORE PROPANE LTD.

56 Gibson Street - North Bay ON P1B 8Z4
705-476-2334



APPLIANCE & SYSTEM INSPECTION

No 20498

Technician _____ Certificate # _____ Company (Location) _____

Date of Inspection

M	D	Y
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 10 Yr. Reinspection New Installation New Customer Date of Installation (If Known)

M	D	Y
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Customer _____

Address _____ City _____ Postal Code _____

Installation Address _____ Phone (____) _____

TANK/CYLINDER	SERIAL NBR. MFR.	MFR. DATE	LAST TEST DATE	LOCATION	TANK COND.	PAINT CON.	PIGTAIL COND.	FITTINGS COND.	GAUGE COND.	RELIEF VALVE COND.	DATE - CAP.	FITTINGS LEAK-TEST

Piping/Regulator Operation/Condition

LOCATION	PIPING MATERIAL-SIZE	REGULATOR MFG. DATE	REG. MODEL	VENT POSITION	HOW PROTECTED	FLOW PRESS.	LOCK-UP PRESSURE

Performance Check: Items	Central Htg.	Water Htr.	Fireplace		
Manufacturer					
Model					
Serial					
Rating (btu/hr.)					
Shutoff Valve (manual)					
Sediment-trap					
Venting					
Approving Body					
Pilot Safety System					
All Safeties Working					

Pressure Test: Start Press. End Pres. Time Held. System O.K.	CO Test on Vented Appliances	Company Name _____		
Twin Stage _____		At Appliance _____ ppm	Pressure Tag Information	TSSA # _____
Single-Stage 1st. _____		At Duct _____ ppm	Tech Name _____	
2nd. _____	Free Air _____ ppm	Lic. # _____		

Comments: _____

Customer Notification:

Dear Valued Customer:

We value your business and are pleased you have chosen our Company to provide you with products and services. As part of our ongoing service to our customers, we inspect propane-consuming products and related equipment to ensure they are in proper operating condition and meet Company, industry and Provincial standards.

Our inspection covers propane-related items visible and accessible to the Company Technician or Authorized Independent Contractor and represents conditions at the date of inspection. However, this inspection does not cover and is not able to reveal: latent or manufacturing defects; the internal working condition of sealed equipment; structural components or; future defects or unforeseeable happenings.

As part of our Propane Check, the Company Service Technician or Authorized Independent Contractor has reviewed several items with you to ensure that you are familiar with the operation of the appliances and equipment and all safety features.

Reference Invoice Number Date

I,

(Please Print) I, Certify that I have completed the SYSTEM CHECK as prescribed:

Performed Odour Test Yes Performed Leak & Pressure Test Yes

- Know how to turn off propane in case of emergency.
- Have smelled propane and can detect its odour.
- Had gas system deficiencies/corrections, if any, explained to me.
- Am satisfied with the service work performed.

Service Technician Signature



Cust. Signature

Certificate # White: CUSTOMER Canary: OFFICE