LAMPTON-LOVE, INC

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Date: **May 3, 2010**

To: **All Branch Managers**

From: **Gene Maddox**

Subject: **Branch Office Monthly Safety Meeting – May 2010**

Company policy requires that each branch office hold a minimum of one safety meeting each month with the documentation of the material covered and the attendance being recorded on the "Monthly Safety Meeting Minutes and Attendance Record" (see attached form). **Please detach this form, fill out and mail or fax *a copy* to Polly Cox.** *Please keep the original for your records.*

Note: ONLY the Monthly Safety Meeting Minutes and Attendance Record is to be sent in.

Make sure that you complete the Gas Check/Leak Test Work Order Form and send a completed copy with your monthly safety meeting minutes.

To assist you in complying with this requirement, the following subjects are for your Monthly Safety Meeting, for the month of May 2010. You may add topics, **but please document the following topics**:

1. Safety Meeting: (Procedures for Performing Leak Test and Proper Documentation of Gas Check/Leak Test) (14 pages)

It is recommended that you thoroughly read this material prior to your meeting.

It is strongly recommended that you use the 3-ring binder to store all of your "2010 Monthly Safety Meetings"!!! This material may be referred to or used to train new employees. This manual should be kept in an area of the office that is easily accessible to all employees.

Be Smart.... Be Safe and Be Courteous!!!

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PROPANE
EXCEPTIONAL ENERGY

MAY 2010 SAFETY MEETING

PROCEDURES for PERFORMING LEAK TEST and PROPER DOCUMENTATION OF GAS CHECK/LEAK TEST

In this month's safety meeting we want to take this time to make sure that everyone understands how to perform a leak test, a flow and lock-up test and document our findings on our Gas Check/Work Order form, and also when we are to perform the above test.

Included in this safety meeting are instructions from our policy manual and the NFPA 54 as to performing the above test and how to complete the documentation on the Gas Check/Work Order form.

I ask that you review the attached information with all your employees and that you, your servicemen and bobtail drivers perform a Gas Check on the gas system at your office, including a leak test, and a flow and lock-up test on the second stage (low pressure) regulator. Complete the Gas Check Form and return a completed copy along with your Attendance Record/Safety Meeting Minutes back to me in the Jackson office.

If you have any questions while you are holding this safety meeting please call or e-mail me.

A GUIDE TO FILLING OUT THE GAS CHECK – WORK ORDER FORM

In an attempt to simplify much of our paperwork, for all of the Lampton-Love Group of Affiliated Companies, we have combined the NPGA's GAS (G.A.S. – Gas Appliance System) Check form and our Work Order Form.

The GAS Check program was created and implemented by the NPGA (National Propane Gas Association) in 1985, and was implemented to promote safety in the propane industry. The ultimate goal of the program is to eliminate accidents involving propane. Following the principles of the GAS Check program will reduce the chances of accidental injury to the consumer and/or damage to property and thereby lessen the liability for the retail propane marketer. This form and program was brought forth as a response to today's litigious society and rising insurance costs.

The GAS Check / Work Order Form consist of a thorough check of each customer's propane system, including the appliance installations for safety and efficiency. The form is also aimed at educating the consumer about propane in order to protect the consumer and his/her property.

In addition to being advised on the efficiency, reliability and safety devices of his/her system, the consumer is instructed on how to turn off the gas in case of an emergency and about the properties of propane, including its distinctive odor, which has been added as a safety alert and what to do if a propane odor is smelled. The result of a thorough GAS Check is a more knowledgeable, comfortable and safe consumer. There are a number of resources which are available that can be used as an aid in educating your customer about propane.

Along with a visual inspection of the consumer's propane system, the GAS Check / Work Order Form also provide a pressure test and a leak test of the system.

Lampton-Love, Inc. has a policy stating that at a minimum, a GAS Check / Work Order Form should be filled out on all new installations and that we should do all that is possible to perform a fully documented check on all existing customers.

The following information covers a step-by-step approach to completing the GAS Check / Work Order Form.

GAS CHECK PORTION

CUSTOMER INFORMATION:

NAME:
The name of the customer as it appears on the account

ADDRESS:
The mailing address where the customer receives their mail

STARTING DATE:
The date on which the job was first started

HOME PHONE:
The phone number at the customer's home, if the customer indicated that they would rather give you their cell number, insert their cell number and place a mark through "HOME" and write in "CELL."

WORK PHONE:
The phone number where the customer may be reached at work

WORK TO BE PERFORMED:
The work which has been agreed upon to be performed

ACCOUNT NUMBER:
The account number of the customer

DIRECTIONS:
The precise directions to the customer's location

PERFORMANCE CHECK

{Note: If there is not at Central Heating Unit or no Room Heater(s), place a vertical line through the entire column indicating that this/these appliance(s) are not present during the time of this system check. If the Water Heater and/or Ranger are electric, wire the word "Electric" vertically through the column indicating that the appliance(s) is an electric appliance.}

{Note:

1. Terms:
   - (i) OK – Good Condition
   - (ii) N/A – item does not apply to the appliance
   - (iii) DEFECTIVE – does not operate properly and is unsafe, appliance must be orange tagged.

2. DO NOT USE the terms FAIR, POOR and BAD. If an item is in this condition, adjustments or corrections should be made, placing the item in good condition (OK) or if the proper adjustments or corrections are not made the term (DEFECTIVE) is used and the appliance must be orange tagged.

3. Record all adjustments and corrections in the comment section.}

MANUFACTURER:
The name of the manufacturer for that particular appliance

MODEL NUMBER:
This is the complete model number for that particular appliance

SERIAL NUMBER:
This is the complete serial number for that particular appliance

LOCATION:
Indicate the room in the home in which the appliance is located. If there is an appliance located in a bedroom indicate the direction of the bedroom in relation to the house (see example). (Example: Southeast Bedroom, Kitchen, etc.)

BTU RATING:
The maximum input BTU rating as stamped on the appliance data plate. If illegible, use your best judgment.

MANUAL SHUT-OFF (INSTALLED/EXISTING):
Indicated whether there is an "Existing" appliance manual shut-off valve (which must be installed within 6 feet upstream of the appliance) or if a manual shut-off valve was "Installed" at the time of the Safety Check. NFPA 54 Section 5.5.4 states, "Gas utilization equipment connected to a piping system shall have an accessible, approved manual shut-off valve with a nondisplaceable valve member, or a listed gas convenience outlet, installed with 6 feed of the equipment it serves.

SEDIMENT TRAP (INSTALLED/EXISTING):
Indicate whether there is an "existing" sediment trap at the appliance or if a sediment trap was "Installed".

PILOT(S) PILOT SAFETY SYSTEM:
Check the control valve for proper dropout by disconnecting the thermocouple or thermopile or by deflecting the pilot flame away from the thermocouple or thermopile. On electric ignition systems, make sure the control is closed until the proper spark or glow bar is ready for main burner ignition. If everything operates satisfactorily, mark the block as "OK". If neither applies, this block should be marked at "N/A".

BURNER(S) COMBUSTION CHAMBER:
Check the inside of the combustion chamber using a mirror and flashlight if necessary. Check for any signs of cracks, holes, or deterioration. Most gas appliances have some type of combustion chamber (Example – manufactured home furnaces). Use of smoke pencils or oil of wintergreen on manufactured home furnaces is recommended. Check condition of burner. Check the burner(s) for proper flame color. If necessary, remove and clean burner. If the combustion chamber and burner is okay, mark this block as "OK".

VENTING SYSTEM / DRAFT DIVERTER:
Check the complete vent system for any sign of corrosion. Make sure all joints are securely fastened. Check for proper clearances, upward slope of the vent, supported where necessary and properly terminated. Check the interior of the vent for any restrictions. Check the draft diverter for proper draft after the appliance has warmed up, usually after five minutes. If everything looks good, mark this block "OK" or if it is an unvented appliance, mark it as "N/A".

COMBUSTION AIR:
Check the space of gas burning appliances to determine if they are located in a confined or unconfined area. (Example: Three gas burning appliances are located in the same room. The total BTU's of all three appliances is 130,000, the room size is 25 feet in length, 18 feet in width with an 8 feet ceiling. Using the 1-in-20 rule, it can be determined if this is a confined space. 25ft. X 18ft. X 8ft. X 20 Btu = 72,000 Btu maximum allowed in this room. Therefore, this is considered to be a confined space and must have adequate ventilation air supplied. If the total Btu was less than 72,000, it would be considered an unconfined space. One the space has been determined to be unconfined, mark the block "OK".

ORANGE TAG / REMOVED FROM SERVICE:
If an appliance is determined to be unsafe, it be orange tagged. Fill out the orange tag completely and securely fasten it to the appliance in a conspicuous place. The other half of the orange tag must be filed in the customer's file. Record the orange tag number in the comments section of this form and on the invoice. Disconnect and plug or cap the gas piping at the appliance. Mark this box as "YES" of the appliance is orange tagged or "NO" if the appliance is okay. An orange tagged appliance that requires that ordering of parts must remain orange tagged until all corrections are made. When an orange tagged appliance is put back into service, an additional Work Order / Safety Check must be performed for that appliance. Please refer to the attached "(Orange Tag Warning) – Appliance Removal from Service Procedures."

TANK / CYLINDER

SIZE:
This should be the size of the ASMA tank, the size should be in gallons (Example – 250, 320, 500, etc.). For DOT cylinders the size should be in pounds (Example – 200# or 420#, etc.).

SERIAL NUMBER:
This is the complete serial number of the container.

MANUFACTURER:
This is the manufacturer, or the name of the company, that built the container.

MANUFACTURER DATE:
This is the date on which the container was built.

AG/UG:
This indicates whether the tank is an Above Ground (AG) or Under Ground (UG) tank.

FEET from BUILDING:
This will simply be a number indicating the number of feet from the closest building.

CONDITION OF: TANK, PAINT, PIGTAIL, FITTINGS, GAUGE:
Check the overall condition of the tank, paint, pigtail, fittings, and gauge. Check for leaks, corrosion, dents, gouges, fire damage, and proper foot rings or legs, mark these blocks "OK" if the condition is acceptable. If any items are bad or defective, corrections must be made during the inspection and "OK" should be entered. If corrections are made, record all corrections in the comment section.

RELIEF VALVE: CONDITION, DATE, CAP:
Check the relief valve using a mirror, for dirt and debris. Make sure there is no sign of physical damage. Check the drain hole on the side of the relied valve to be sure it is not clogged. If should have a rain cap. If the relief valve is in good condition, mark this block "OK". Insert the date of manufacture indicated on the relief valve. Relief valve(s) must be replaced if they show any signs of contamination, corrosion, damage, plugging, leakage or any other problem.

FITTING LEAK TEST:
Check all fittings for any sign of a leak by using an approved leak detection solution. Be sure to check all fittings and plugs in the bottom of the tank. It is a good idea to check the welds also. After no leaks are found, mark this block as "OK".

PIPING / REGULATOR OPERATING / CONDITION

PIPING: MATERIAL and SIZE:
Indicate the type of material from which the piping is made (Example – copper, steel, etc.). Indicate the size of the piping (Example – 3/8 inch).

REGULATOR MANUFACTURER DATE (CODE):
Insert the date code stamped on the regulator.

MANUFACTURER:
Insert the name of the manufacturer (company) that built the regulator.

REGULATOR CONDITION:
Insert the condition of the regulator. If regulator is in poor condition, replace the regulator and insert new regulator data.

MODEL:
Insert regulator manufacturer model number.

REGULATOR VENT POSITION:
Indicate the fact that the regulator vent is pointing "DOWN". If it is not and the regulator is exposed to the elements then the regulator should be repositioned so that the vent is pointing downward so it can't collect water.

HOW PROTECTED:
If the regulator is the first stage regulator and it is underneath the dome of the tank, insert "DOME" in the appropriate box. If the regulator is a second stage regulator and it is attached to the side of the structure, indicate "EVE", which indicated that the "eve" of the structure is protecting it from the elements. If the regulator is totally exposed to the element, indicate "EXPOSED".

FLOW PRESSURE:
Check the regulator delivery pressure (flow pressure) with approximately half the total appliance load in use. Your gauge should read 11 inches water column at the appliance. Adjust the regulator if necessary. Following this, turn on all appliances to make sure that pressure is maintained al full load. If an excessive pressure drop occurs, inspect line for kinks, flats or other restrictions.

CAUTION: Appliance regulators are installed on most appliances and may be preset by the manufacturer for flow pressure lower than 11 inches water column. It is recommended the manometer or test gauge be installed at a location other than the range orifice or appliance pressure tap when performing lockup and delivery pressure checks. (Reference: RegO LP-Gas Serviceman's Manual, page 37, 08/03 edition)

LOCK-UP PRESSURE:
After the Flow Pressure check, shut off appliance valves to determine if the regulator has a worn seat or if it has been set too high to compensate for line losses due to undersize piping. A slight rise in pressure will occur under these conditions. This is called the "lock-up" pressure. The lock-up pressure should not exceed 130% of the regulator set delivery pressure. A quick rise in pressure above this point will indicate undersize piping. Continue this same test for 5 minutes or more. If a *creeping* rise is noticed in the pressure, the regulator seat is not closing off properly. Inspect regulator inlet nozzle for dirt, scratches, or dents, and seat disc for signs of wear. Replace where necessary. For more information, refer to NFPA 54, Section on Inspection, Testing and Purging, NPGA Propane Safety and Technical Support Manual Bulletin 403, "Pressure testing and leak checking LP Gas Piping Systems." For more information on setting single stage regulators, Request RegO Products Technical Guide 107. (Reference: RegO LP-Gas Serviceman's Manual, page 37, 08/03 edition).

LEAK TEST

(NOTE: Please refer to the document titled "Suggested Procedures for Leak Testing".)

PRESSURE TEST

(NOTE: Please refer to the document titled "Suggested Procedure for Pressure Testing".)

WORK ORDER PORTION

PARTS / MATERIAL and MERCHANDISE BILLING GRID

QTY., PARTS/MATERIALS, PRICE, AMOUNT, CO. USE:
Insert the quantity, the description of the parts, and/or materials, the price, the amount, and if the parts/materials were for "company use" then insert a check mark in this "company use" column. If you mark the "company use" box, check with your manager as to whether you will fill in the "amount" or he will. (NOTE: If you have marked these parts/materials as company use then the actual cost must be used, not a retail price.)

TAG #, MDSE., and AMOUNT:
Insert the quantity, inventory tag number, merchandise purchased and the amount/cost of the merchandise.

TOTALS:

PARTS:
Insert the total cost of parts and materials from the Parts/Materials column.

MDSE:
Insert the total cost of merchandise purchased.

LABOR:
Insert the total labor cost for the entire job.

GAS:
If the tank was delivered to the customer with gas already in the tank, this is where that gas would be billed to the customer. It would be a good idea to insert the "number of gallons" and/or "%in tank" somewhere on the form.

TANK RENT:
If applicable at the time, insert the amount of tank rent for the coming year.

SUB-TOTAL:
Insert the total of the labor, parts, tank rent, gas and miscellaneous charges.

TAX:
Calculate and insert the appropriate tax for the appropriate above charges.

TOTAL:
Insert the total charges for the entire job.

WORK PERFORMED / COMMENTS:
Use this space to record any detailed information pertaining to the gas system.

CASH, CHARGE, CHECK#, PD on ACCT., AMT. REC'D $:
Check the appropriate block indicating whether the customer paid with cash, charge, or a check. If the customer paid with a check insert the check number in the appropriate space. If the customer paid on their account, insert the total amount received in the appropriate space.

GAS % IN TANK:
Insert the percent of gas that was in the tank when the tank was delivered to the customer.

MS 120 DAY TAG #:
Insert the tag number that was recorded in the "Temporary Approval Tag No." space on the "Mississippi LC Gas Div. Report of Installation, Replacement, and/or Repair Report".

CUSTOMER ACKNOWLEDGEMENT

CUSTOMER'S SIGNATURE:
The customer should sign their name legibly, verifying that they have been shown how to turn off the gas in case of an emergency, have smelled propane and can detect its odor, have received the consumer safety material and information, has had all system deficiencies and corrections thoroughly explained to them and is satisfied with the work performed.

SERVICE TECHNICIAN'S SIGNATURE:
The service technician should sign their name legibly verifying that they were the person who completed this form. The appropriate blocks should be checked above the Service Technician's Signature indicating the work and duties that were performed.

DATE COMPLETED:
Insert the date on which the work was completed, and the form was completely filled out.

LEAK CHECK POLICY

A. ***A leak check and gas check must be performed on all new customers*** and existing systems that are being placed back into service.

B. A pressure test must be performed on all new piping installations and additions to piping systems.

(If leakage is indicated (either in the piping system or through the closed service valve), the leak must be repaired before service is resumed). (If repair can't be made, take the system out of service, *Orange Tag* the system and contact service department for repairs.

PIPING SYSTEM LEAK CHECK FROM NFPA 54 CHAPTER 8

8.2 Piping System Leak Check

Note that the title of Section 8.2 has been changed from "Piping System, Appliance, and Equipment Leakage Check." This title change was made in conjunction with a change in the definition of the term *leak check*, which recognized that the leak check is done on a piping system, not appliances. The definition now reads as follows:

3.3.64 Leak Check. An operation performed on a gas piping system to verify that the system does not leak.

While the leak check can be done with appliances connected, appliances can be isolated and the test redone if the leak check fails. Some appliances are allowed to have very small "leaks" by the standards to which they are manufactured and tested. Such small leaks will not accumulate flammable amounts of fuel gas.

Section 8.2 describes a method for checking for leakage throughout the system of piping and appliances. It is equally applicable to new and existing gas systems. For systems of new piping, it is conducted after the pressure test described in Section 8.1. Normally, the test for leakage is conducted when one of the following occurs:

- A system of new or modified gas piping is placed into service for the first time
- A gas leakage is suspected
- A gas meter is replaced
- An appliance or appliance connector is replaced
- An out-of-gas condition occurs
- Any time there is an interruption of service

The pressure test and leak check are often confused with each other. A pressure test is required for new piping installations and additions to piping installations, while a leak check is required whenever the gas system is initially placed into service or when the gas is turned back on after being turned off.

The test for leakage differs from the pressure test in Section 8.1 in that it requires no special preparations.

The medium used for a leak check is fuel gas at its normal supply pressure. The gas is applied to the total system (i.e., piping, equipment, and equipment connections and valves). A manometer or pressure gauge that measures inches of water column (in. w.c.) can be used for the test. Exhibit 8.3 illustrates a manometer at atmospheric pressure and one at 7 in. w.c.

See NFPA 54 Annex D, Suggested Method of Checking for Leakage, for a recommended leak check procedure. The procedure in Annex D is only one possible method. Other test methods can be used. It is recommended that a written procedure for the method be developed and that steps are taken to ensure that all employees follow the method so that companies test every system identically.

Note that the methodology of Annex D does not include the use of leak detect solution or electronic leak detectors. The reason for this exclusion, is that leaks in an existing or newly installed gas system may not be detectable using either leak detect solution or electronic leak detectors. One example of this could be with buried or hidden piping.

8.2.1 Test Gases

Leak checks using fuel gas shall be permitted in piping systems that have been pressure tested in accordance with Section 8.1.

The requirement in 8.2.1 clarifies that fuel gas may be used to test for leaks in piping systems after the system has been pressure tested in accordance with Section 8.1.

8.2.2 Turning Gas On

During the process of turning gas on into a system of new gas piping, the entire system shall be inspected to determine that there are no open fittings or ends and that all valves at unused outlets are closed and plugged or capped.

Note that the title of 8.2.2 was changed in the 2009 edition of the code from "Before Turning Gas On," and the first sentence was changed from "Before gas is introduced into a system....." These changes were made to clarify that the visual inspection for open ends and valves that are not plugged or capped must be done at the time the gas is turned on. The wording of the text in the previous edition could be interpreted to allow the inspection for open ends to be done days or weeks before gas is first introduced.

The requirement in 8.2.2 applies only to new systems. Open fittings or ends can occur both in new construction and in existing systems. In new systems, it is possible that the pipe installer not having the proper size plug or cap may leave a system outlet open, assuming the appliance will be installed before the system is first pressurized. In existing systems, occupants may remove appliances after the gas has been shut off, and the valve may also be removed. There have been incidents in which a gas range, dryer, or other appliance has been removed, along with the gas connector and the shutoff valve, after the gas service has been discontinued. If the new occupant is not aware that a gas appliance previously existed at the location, which is more probable if remodeling has been done, an uncapped end would remain open after gas is turned on for the new occupant.

8.2.3* Leak Check

Immediately after the gas is turned on into a new system or into a system that has been initially restores after an interruption of service, the piping system shall be checked for leakage. Where leakage is indicated, the gas supply shall be shut off until the necessary repairs have been made.

Note that the requirement in 8.2.3 applies to both new and existing systems and requires that a leak check be done following an interruption of service, as well as for new systems. The leak check in not intended to determine that the system is free of all leaks, only of leaks that will not be dissipated before reaching a flammable level by normal air exchange in a building.

The requirement in 8.2.3 states that if leakage is indicated by the test, repairs must be made. The leak check is not a test that is intended to find extremely small leaks. Thus, the leak check should not detect the very small amount of gas leakage, such as the amount allowed by the standard for gas valves incorporated in gas appliances, which is in the range of a few bubbles per hour, and is not a safety issue.

Leak and Pressure Test Procedures

As we all know this is the time of year that we get really busy and sometimes when we get really busy we tend to take short cuts, so in this safety meeting we want to review our Leak and Pressure Test Procedures. The following procedures explain when we are to perform a leak test and when to perform a pressure test, plus give us instructions as to performing each test.

SUGGESTED PROCEDURES for LEAK CHECKING

A leak check shall be performed immediately after the gas is turned on into a new system or into a system that has been initially restored after an interruption of service. The check can be performed using propane gas as the pressure source.

- Shut off gas at container
- Ensure that appliance equipment shutoff valves are open allowing gas to flow to the appliance controls.
- The equipment shutoff valve shall be placed in the **on** position for appliance equipped with a 100% pilot shutoff valve. Appliances not equipped with a 100% pilot shutoff valve and all manual gas valves not equipped with safety shutoff systems shall be placed in the **off** position prior to the leak check.
- Determine gauging device (high pressure block test, low pressure gauge/manometer or 30 lb. Test gauge).
- If using the **high pressure block test,** insert or attach the pressure gauge between the container shutoff valve and the first regulator in the system.
    - Open the container shutoff valve to admit full container pressure to the system
    - Close the container shutoff valve.
    - Release enough pressure so that the system pressure is lowered by 10 psi.
- If using a **low pressure (ounce) gauge or a water manometer,** insert or attach the device into the system downstream of the final system regulator.
    - Open the container shutoff valve to admit full container pressure to the system
    - Close the container shutoff valve.
    - Release enough pressure from the system to drop the system pressure to 9 in. w.c. + or ½ in. w.c.
- If using a **30 psi pressure gauge,** insert or attach the device into system downstream of the first stage regulator.
    - Open the container shutoff valve to admit normal operation pressure to the system.
    - Close the container shutoff valve.
    - Release enough pressure from the system to lower the pressure gauge reading by 5 psi.
- Allow the system to stand for a minimum of 3 minutes without showing an increase or a decrease in the pressure gauge reading.
- If a pressure drop on the gauge is noted, the source of the leak shall be determined and repaired and the leak check must be repeated.
- If a pressure increase on the gauge is noted, the container shutoff valve is leaking. You must repair the leak (repair or replace the valve) and repeat the leak check.
- Upon completion of a successful leak check, record in writing on a service order or company approved document the beginning and ending pressure as well as the amount of time pressure was held. If a leak is detected, document the exact location in the system.
- After properly documenting a successful leak check, it is the responsibility of the technician to light all pilot lights on the gas burning appliances and ensure that main burners are properly adjusted.

LEAK TESTING

Regulator Delivery Pressure

Check the regulator delivery pressure with approximately half the total appliance load in use. Your gauge should read 11 inches water column at the appliance. Adjust regulator if necessary. Following this, turn on all appliances to make sure that pressure is maintained at full load. If an excessive pressure drop occurs, inspect line for "kinks," "flats," or other restrictions.

Caution: Appliance regulators are installed on most appliances and may be preset by the manufacturer for flow pressure lower than 11 inches water column. It is recommended the manometer or test gauge be installed at a location other than the range orifice or appliance pressure tap when performing lockup and delivery pressure checks.

Regulator Lock-up and Leakage

After this, shut off all appliance valves to determine if the regulator has a worn seat or if it has been set too high to compensate for line losses due to undersize piping. A slight rise in pressure will occur under these conditions. This is called the "lock-up" pressure. The lock-up pressure should not exceed 130% of the regulator set delivery pressure. A quick rise in pressure above this point will indicate undersize piping.

Continue this same test for 5 minutes or more. If a creeping rise is noticed in the pressure, the regulator seat is not closing off properly. Inspect regulator inlet nozzle for dirt, scratches, or dents and seat disc for signs of wear. Replace where necessary.

WORK ORDER GAS CHECK FORM

WORK ORDER

Name	**Staring Date**	**Directions**
Address	**Home Phone**	
	Work Phone	
Work to be Performed	**Account #**	

Performance Check: Item	**Central Heating**	**Room Heater**	**Water Heater**	**Range**		
Manufacturer						
Model No.						
Serial No.						
Location						
BTU Rating						
Manual Shut-off (Installed Existing)						
Sediment Trap (Installed Existing)						
Pilot(s) Pilot Safety System						
Burner(s) Combustion Chamber						
Venting System/Draft Diverter						
Combustion Air						
Orange Tag / Remove from Service						

Tank/Cylinder (Additional Serial Number)

Size	Serial No.	Mfr.	Mfr. Date	Ag/Ug	Ft. From Building	Condition of:					Relief Valve			Fittings Leak Test
						Tank	Paint	Pigtail	Fittings	Gauge	Cond.	Date	Cap	

Piping/Regulator Operating/Condition

	Piping			Regulator Mfr. Date (Code)	Mfr.	Regulator Condition	Model	Reg. Vent Position	How Protected	Flow Pressure	Lock-Up Pressure
Twin State	Material		Size							IN WC	IN WC
Two	1st									PSIG	PSIG
Stage	2nd									IN WC	IN WC

Leak Test

Single/Stage		Start Pressure	End Pressure	Time Held	System Ok
Integral/ Second Stage		(inches WC)	(inches WC)		
Two	1st				
Stage	2nd				

Pressure Test

	Start Pressure	End Pressure	Time Held	System Ok
First Stage (High Pressure)				
Two Stage (Low Pressure)				
Two Stage (Low Pressure)				

Qty.	**Parts/ Materials**	**Price**	**Amount**		**Co. Use**	**Tag #**	**Mdse.**	**Amount**			**Amount**	
										Parts		
										Mdse.		
										Labor		
										Gas		
										Tank Rent		
										Sub-Total		
										Tax		
										TOTAL		
					Work Performed/ Comments							
										☐ Cash ☐ Credit		
										☐ Check # _____		
					Gas % in tank _____					$_____		
		Total			MS 120 day tag # _____					☐ Pd on Acct / Amt. Rec. $_____		

This inspection covers (propane/LP-gas) items and equipment visible and accessible to the service technician and represents The conditions existing on the date of inspection. If does not cover latent or manufacturing defects, the internal working of Sealed equipment, or structural components, and cannot be construed to cover future or unforeseen happenings.

Performed Odor Test ☐ Yes
Performed Leak/Pressure Test ☐ Yes
Place Safety Decal ☐ Yes

- I know how to turn off the gas in case of emergency.
- I have smelled propane and can detect its odor.
- I have received the consumer safety information and material.
- I had gas system deficiencies and/or corrections, if any, clearly explained to me.
- I am satisfied with the service work performed and agree to pay all charges.

Left Consumer Safety Information & Material ☐ Yes

_____(Customer 's Signature)

_____
Service Technician's Signature Date Completed

MAY 2010
MONTHLY SAFETY MEETING
MINUTES & ATTENDANCE RECORD

Company Name:_____

City:_____ **State:**_____

Date:_____ **Time Started:**_____ **Time Finished:**_____

Instructed By:_____ **Number Attending:** _____

Subject Covered and Comments:

_____

_____

_____

_____

_____

_____

By my signature below, I certify that I attended and participated in this Safety Meeting and I understand the material presented.

Employee Name (Please print)	Employee Signature	License Expires*	Endorsements **	DOT Physical Expires ***
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

* ***List driver's license expiration date in this column.***
** Check licenses for proper endorsements and re-testing. (For example: "HazMat") ***List endorsements in this column.***
*** ***List DOT physical expiration date in this column.***

By my signature below, I hereby certify that the employees listed above have been trained in accordance with the applicable regulations and curriculum for this monthly safety meeting.

Instructor's Signature:_____ **Date:**_____

Mail or fax this sheet only to: Lampton-Love Inc.
Gene Maddox/Polly Cox
P.O. Box 1607
Jackson, MS. 39215-1607
Fax #: 601-933-3420