EMC INSURANCE

CUSTOMER INSPECTION AND INSTALLATION RECORD

Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Special Service Instructions: _____

TANK IS OWNED BY: ☐ CUSTOMER ☐ COMPANY

Size of Container(s): _____

Container(s) located proper distances from buildings and property lines?	☐ Yes ☐ No
Any sources of ignition within 10 feet? (i.e., air conditioners, grills, etc.)	☐ Yes ☐ No
Is the container base substantial and noncombustible?	☐ Yes ☐ No
Is the yard piping or tubing properly buried and/or protected?	☐ Yes ☐ No
Is piping where entering the structure aboveground coated or wrapped with an inert material?	☐ Yes ☐ No
Is piping where entering the structure underground installed and sealed in gas tight conduit?	☐ Yes ☐ No

APPLIANCES ON SYSTEM:

☐ Furnace ☐ Crop Dryer ☐ Range/Oven ☐ Fireplace Log ☐ Gas Grill
☐ Dryer ☐ Space Heater ☐ Water Heater ☐ Lights ☐ Other _____

Pressure Test: Start Time: _____ Start Pressure: _____
End Time: _____ End Pressure: _____

Leak Test: Start Time: _____ Start Pressure: _____
End Time: _____ End Pressure: _____

Any regulators over 15 years old? ☐ Yes List _____ ☐ No

First Stage Regulator Delivery Pressure: _____
First Stage Regulator Lockup Test: Lockup pressure at start: _____
Lockup pressure after 5 minutes

Second Stage Delivery Pressure: _____
Second Stage Regulator Lockup Test: Lockup pressure at start: _____
Lockup pressure after 5 minutes: _____

Second Stage Regulator Secured?	☐ Yes ☐ No
Second Stage Regulator located out of doors?	☐ Yes ☐ No
If not, is the vent outlet piped out of doors?	☐ Yes ☐ No
Second stage regulator vent discharge downward or protected?	☐ Yes ☐ No

Regulator vent discharge located:

A minimum of 3 feet horizontally from:	1. Any building opening below the level of discharge?	☐ Yes ☐ No
A minimum of 5 feet in any direction from:	1. Sources of ignition	☐ Yes ☐ No
	2. Intakes for direct vent appliances	☐ Yes ☐ No
	3. Mechanical air intakes	☐ Yes ☐ No

Are all vented types of devices properly vented?	☐ Yes ☐ No
Are there any unvented appliances? ☐ Yes List _____	☐ No
Has customer been made aware of the odorant added to propane, shown how to turn off tank valve, and been given written information?	☐ Yes ☐ No

Technician's Signature _____ Date: _____

Customer's Signature: _____ Date: _____

☐ I have been shown or know how to turn off the main supply valve for the propane tank.

☐ I have been given information on what the odorant in propane smells like and that gas detection equipment is available and may be beneficial to detecting gas leaks within the building.

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CLEAR FORM