

Delivery Point _____

REPORT # _____

New Install Replacement Ten Year Inspection Residential Agricultural Commercial

CUSTOMER INSPECTION REPORT

Customer's Name	Install Date	Date of Inspection MM / DD / YYYY
Installation/Service Address	Account #	Phone #
Mailing Address	Postal Code	Work/Cell #
Inspector's Name	Certificate & Classification #	
Company Dodsley Propane a Division of McDougall Energy Inc. (hereafter "Dodsley Propane")	Contractor's Registration # FS R0076488071 Dodsley Propane a Division of McDougall Energy Inc.	

INSPECTION EVALUATION

Overall Result Pass Fail Pass w/Deficiencies **SEE DEFICIENCY REPORT #** _____

APPLIANCES

Type of Appliance	Manufacturer/Brand Name	Model #	Serial #	Size (BTW/Hr)

NOTES:	YES	NO	N/A
1. Are the appliances certified to Canadian Standards? Specify: (CSA, ULC)			
2. Did any of the appliances require a field conversion to propane? Kit #			
3. Are the appliances installed according to Manufacturer's instructions and the installation code? (I.E. clearances to combustibles/service clearance)			
4. Is the venting approved for installation, properly supported, and joints properly installed? (I.E. approved bonding of vent joints)			
5. Are dirt pockets/drip tees installed where required, and of proper length?			
6. Are appliance shut off valves accessible, identified, and certified for use? (I.E. metal tags for identify appliance shutoff)			
7. Is the piping/tubing system properly secured and identified with yellow bands marked and/or labelled propane as required?			
8. Piping and tubing fittings certified?			
9. On new installations, was the owner instructed on safe operation of equipment, and left with certified installation instructions?			

CUSTOMER AND/OR TENANT CERTIFICATION

DISCLAIMER: 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. It 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.

I, _____, acknowledge that the individual performing the GAS Check informed me of the GAS Check procedure and the outcome of the inspection; what was covered by the inspection and what was not covered; what repairs and/or alterations, if any, were made to the gas system or appliances; and options available for making recommended changes to my gas system. I further acknowledge, by initialing each of the following items, that:

- _____ I have informed the individual performing the GAS Check of all gas burning appliances and gas lines on my property.
- _____ I have been told what to do if I smell a gas odor or otherwise suspect a gas leak and have been shown how to turn the gas off at the tank.
- _____ I have smelled the propane gas and can detect its odor.
- _____ I have been told that the odorant giving propane its distinctive smell can fade or diminish in intensity. In addition, I have been told that certain physical limitations or conditions might prevent me from smelling a gas leak.
- _____ I have been told to consider installing one or more approved carbon monoxide detectors as an additional measure of security.
- _____ I am satisfied with the service work performed.

I HAVE READ AND FULLY UNDERSTAND THIS CERTIFICATION.

Witnessed by: _____

Customer and/or Tenant Signature _____ Date MM / DD / YYYY _____ Service Technician's Signature _____ Date MM / DD / YYYY _____

REPORT #

Customer's Name & Address	Installation Date (if known)
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PROPANE STORAGE

Tank/Cylinder	Serial #	Manufacturer	Requalification Date (Cylinders Only)	Date of Manufacture	Condition	Location from Building	Fittings Leak Checked
1.							
2.							
3.							
4.							

NOTES:

RELIEF VALVE VISUAL INSPECTION (PRV) INSPECTED IN ACCORDANCE WITH PTI 100.09

Tank/Cylinder	Pressure Setting	Manufacturer	Date	Model	Weep Hole		PRV Body		Rain Cap	
					Pass	Fail	Pass	Fail	Pass	Fail
1.	PSI									
2.	PSI									
3.	PSI									
4.	PSI									

REGULATORS

Regulator Type	Manufacturer	Model / Date Code	Vent Positional Protection	Flow Pressure	Lock-up Pressure
1st Stage Regulator					
2nd Stage Regulator					
Twin Stage Regulator					

OVERALL EVALUATION

NOTES:	YES	NO	N/A
1. Propane storage tank installed with at least the minimum clearances from property lines, drainage collectors, building openings, air intakes, and sources of ignition? (I.e. 10' from property line)			
2. Propane storage tank level, properly supported, and protected from physical damage? (I.e. vehicular protection)			
3. Propane storage tank relief valve protected with proper clearances?			
4. Are the container service valves in good operating condition?			
5. Are outside regulators properly secured to tank or building?			
6. Is the location and venting of the regulator(s) acceptable? (I.e. 10' from ignition source; 15° tilted as per manufacturer's instructions.)			
7. Is the piping/tubing system free of obstructions or damage, properly secured, and identified with yellow bands marked and labelled propane as required?			
8. Is the piping/tubing wrapped, protected, and sealed where passing through concrete and/or an outside wall?			
9. Is the outside piping protected from corrosion? (I.e. painted or coated for protection)			
10. Is the copper, CSST tubing, or plastic piping certified for use? (If plastic pipe is used, it must have a tracer wire installed!)			
11. Are the risers protected?			
12. Is the underground piping protected from corrosion?			
13. Is the outside piping/tubing gas tight? Method to test: _____			
14. Was a photo taken of the installation? (I.e. tank, regulator termination)			
15. Was a Dodsley Propane identification sticker and/or label installed on the tank(s) and or cylinder(s)?			

REQUIREMENTS FOR INSTALLATION MUST COMPLY WITH ALL APPLICABLE CODES AND REGULATIONS.



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REPORT #

Customer's Name & Address

**ONTARIO GAS
UTILIZATION REGULATION
PRESSURE TEST**

ADDRESS OF TEST

CONTRACTOR'S NAME

CONTRACTOR'S REGISTRATION NUMBER

CONTRACTOR'S PHONE NUMBER

PRESSURE TEST

DATE OF TEST		
TEST PRESSURE	kPa	P.S.I.G.
DURATION	HRS.	MIN.
TOTAL PIPE LENGTH	FT.	
PIPE SIZE	IN.	

FITTER'S NAME

FITTER'S CERTIFICATE NUMBER AND CLASSIFICATION

REMARKS

NOTES

Multiple horizontal lines for notes.

WORKING PRESSURE	WC	kPa	P.S.I.G.
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