



**Lamprey Energy**

63 Atlantic Avenue North Hampton NH 03862

# GASCheck - Gas Appliance System Check

Account Number \_\_\_\_\_ Invoice Number \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Call Taken By \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

## Appliance Check

Appliance						
Manufacturer						
Model #						
Serial #						
BTU's						
Burner/Com. Chamber						
Man. Shutoff/Sed. Trap						
Control/Pilot Safety System						
Venting System						
Combustion Air						

## Container Check

Size	Serial #	Manufacturer	Requalification Date (Cylinders Only)	Location	Countainer Condition	Relief Valve	Fittings Leak Check

## Pressure Test (If Applicable)

Start Pressure	End Pressure	Time Held	Pressure Hold	Y N

## Piping Check

Materials	Size	Cover/Protection

## System Leak Check

Start Pressure	End Pressure	Time Held	Pressure Hold	Y N

## Regulator Check

Type	Manufacturer	Date/Model	Vent Position/Protection	Flow Pressure	Lock-Up Pressure

## Safety Infomation Will be Mailed to Customer

Unused Lines Checked: Y N All capped or Plugged: Y N

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_