



GAS INSPECTION REPORT

PERMIT NO. _____

DATE: _____ **TIME** _____

OWNER: _____ **CONTRACTOR:**
NAME: _____ **NAME:** _____

ADDRESS: _____ **ADDRESS:** _____

LOCATION OF WORK

STREET ADDRESS: _____

LOT: _____ **BLOCK:** _____ **SUBDIVISION** _____

APPLIANCE CHECK

| | | | | | |
|------------------------------|--|--|--|--|--|
| ITEM | | | | | |
| MANUFACTURER | | | | | |
| APPLIANCE AGE | | | | | |
| CONTROL SAFETY SYSTEM | | | | | |
| VENTING SYSTEM | | | | | |
| COMBUSTION AIR | | | | | |

TANK

| | | | |
|-------------|------------------|------------------|---------------------|
| SIZE | SERIAL NO | CONDITION | RELIEF VALVE |
|-------------|------------------|------------------|---------------------|

APPROVED _____ **DISAPPROVED** _____

COMMENTS _____

SIGNATURE _____