INTERRUPTION OF SERVICE FORM
OUT OF GAS SERVICE FORM

OFFICE OF THE STATE FIRE MARSHAL
800 SW JACKSON, SUITE 104
TOPEKA KS 66612
PHONE: 785-296-3401 / FAX: 785-296-0151

DEALER: ADDRESS:	CUSTOMER: _____ ADDRESS: _____ _____ PHONE: _____
☐ COMPLETED WALK THROUGH VISUAL CHECK (Check one) ☐ Building ☐ Home ☐ Mobile Home ☐ Other	PHYSICAL LOCATION: _____ _____ _____

TANK:

Size	Manufacturer	Serial Number	Distance from Tank to Bldg.

REGULATOR:

Type	Manufacturer	Model #	Code Date	Lock-up Pressure

APPLIANCES:

Type of Appliance				
Manufacturer				
Vented				
Pilot Safety System				
Manual Shut-Off				
Capped Openings	#	Locations:		

SYSTEMS LEAK CHECK

Test Pressure: Time Held:
Tank Pressure:

PRESSURE CHECK

Test Pressure: Time Held:
Tank Pressure:

DISCLAIMER: This inspection covers LP-Gas (Propane) piping, fittings and equipment visible and accessible to Dealer's Representative and reflects the conditions existing on the date of the inspection. It does not cover latent or manufacturing defects, the internal workings of sealed equipment, structural components, or LP-Gas (Propane) products and cannot be construed to cover future defects or unforeseen happenings.

I, _____ (print name), hereby acknowledge that as the customer I am responsible for the system past the LP gas container service valve and throughout the building and that a pressure test and/or leak test has been performed and the system was found to be leak free.

X_____
CUSTOMER SIGNATURE DATE

I certify that a pressure and/or leak test has been performed and the system was found to be leak free.

X_____
DEALER REPRESENTATIVE DATE

Initial	
	I know how to turn off gas in case of emergency
	I have smelled propane and can detect its odor
	I have received "Duty to Warn" information
	I certify the number of appliances above is complete

COMMENTS: _____
_____
_____
_____

08/2014