WEST SIDE NUT CLUB FALL FEST PRESSURE LEAK CHECK FORM

Date:	Booth No
Booth Name	
Booth Contact	
Contact Phone #	

Regulator Condition (circle one) OK / Needs Replaced

Start Pressure	End Pressure	Time Held:	System Status:
PS I / WC	PSI / WC	Minutes	OK / Red Tag
(circle one)	(circle one)		(circle one)

I certify that I performed a pressure leak check on the location set forth above and determined the propane system to be free of any leaks; the booth is compliant with all WSNC L.P. Regulations and NFPA 58 rules and regulations applicable to propane installations. The above location:

- Has safety Check POL fittings
- Multiple tanks installations have change over regulators
- All connections have been pressure tested for leaks
- Tanks are secured to the booth and are free from movement

COMPANY NAME: _____

CERTIFIED SERVICE TECH SIGNATURE: _____

PRINT SERVICE TECH NAME: _____

COMPANY TELEPHONE # _____

LIN-GAS COPY - CALL 812-457-8811 when complete

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COMPANY TELEPHONE #

BOOTH COPY – KEEP BY ELECTRICAL PANEL