

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: |
|--------------------------|--------------------------|------------|------------------------------|
| PSI / WC (circle one) | PSI / WC (circle one) | Minutes | OK / Red Tag (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 812-453-3689 when complete

082223

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BOOTH COPY – KEEP BY ELECTRICAL PANEL

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