

**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: _____
<input type="checkbox"/> COMPLETED WALK THROUGH VISUAL CHECK (Check one) <input type="checkbox"/> Building <input type="checkbox"/> Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Initial</td> <td> </td> </tr> <tr> <td> </td> <td>I know how to turn off gas in case of emergency</td> </tr> <tr> <td> </td> <td>I have smelled propane and can detect its odor</td> </tr> <tr> <td> </td> <td>I have received "Duty to Warn" information</td> </tr> <tr> <td> </td> <td>I certify the number of appliances above is complete</td> </tr> </table> COMMENTS: _____ _____ _____ _____	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
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08/2014