

Thaler Oil Company, Inc.  
310 S. Main Street  
Chippewa Falls, WI 54729

Office (715) 723-2822  
Fax (715) 723-0202  
[www.thaleroil.com](http://www.thaleroil.com)



Steven M Thaler, Owner  
Cell (715) 559-2090

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**Thaler Oil Co Inc has the responsibility to make sure that the National Fuel Gas Code 54, Chapter 3.3.37 Leak Check is performed. This leak check on a gas piping system is to verify that the system does not leak. Our company policy is to make sure that a leak check is performed before any equipment is placed into operation and is documented and in our records to prevent accidents as they are always followed by liability and litigation costs.**

**A copy of the leak check form is attached. This procedure must be performed on the equipment and documented for our records. The results must be documented, signed and returned to Thaler Oil Co Inc before it is placed into service.**

**I acknowledge that I have read and understand the procedures and my responsibilities.**

**Company Name:** \_\_\_\_\_

**Employee (print) Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Furnace needs to be installed, piped to the outside, vented and pressure tested.  
Any questions please call Bruce Schindler (715) 829-3156**

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## PROPANE SYSTEM LEAK CHECK

Date of Service \_\_\_\_\_ Customer Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_

### SYSTEM LEAK CHECK

GAUGE PRESSURE	START PRESSURE	END PRESSURE	START TIME	END TIME	SYSTEM OK (YES OR NO)
	PSIG	PSIG			
	PSIG	PSIG			

### COMMENTS:

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This inspection covers (propane/LP Gas) items and equipment visible and accessible to the service technician and represents the conditions existing on the date of inspection. It does not cover latent or manufacturing defects, and the internal working of sealed equipment, or structural components and cannot be construed to cover future defects or unforeseen happenings.

I know how to turn off gas in case of emergency.

I have smelled propane and can detect its odor.

I certify that I have completed the Propane System Leak Check as prescribed.

**Leak Check Performed By:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_