

# Oklahoma LP Gas System

## Guide to Completing the Form 4

### Identifying Information

<b>Return Original To:</b>	The completed original of the Form 4 must be mailed or emailed to the Oklahoma LP Gas Administration office within 15 working days after the test is performed. Another copy must be kept on file at the location servicing the customer. LPGASINFO@LPGAS.OK.GOV
<b>Company/Address:</b>	Please complete with your company's name and address. If your company has multiple locations or subsidiaries, please list the information related to the location that performed the work.
<b>Customer:</b>	The name of the customer as it appears on the account.
<b>Address:</b>	The mailing address where the customer receives mail.
<b>Phone:</b>	The phone number, including area code, where the customer may be reached.
<b>Email:</b>	Customer's email address.
<b>Reason for test:</b>	Identify the reason a leak test was performed. i.e. out of gas, new customer, etc.
<b>Completed Walk-Through Visual Check</b>	Check this box after completing an initial survey of the LP gas system being checked. Determine that the system appears safe before completing the remainder of the form. Check the type of structure that you are inspecting (i.e. building, home, mobile home, other)
<b>Physical Location:</b>	The physical address of the LP gas system (if different from the mailing address).

### Tank Information

<b>Size:</b>	The size, for ASME containers, in gallons (i.e. 250,500,1000). For DOT cylinders, in pounds (i.e. 200#,420#).
<b>Manufacturer:</b>	The name of the company that built the container.
<b>Serial Number:</b>	The complete serial number of the container.
<b>Distance from Tank To Building:</b>	Measure and record the distance from the container to the nearest building. Ensure that it is a legal distance.
<b>OK Tag #:</b>	The complete Oklahoma tank tag number on the container, if available or applicable.

### Regulator Information

<b>Type:</b>	The type of regulator (i.e. first stage, second stage)
<b>Manufacturer:</b>	The name of the company that built the regulator.
<b>Model #:</b>	The date or code found on the regulator.
<b>Code Date:</b>	The date or code found on the regulator.

**Lock-up Pressure:** The pressure in the first stage piping system with no appliances burning and no pilot lines open. This measurement is taken to the nearest 1/10 of a pound (i.e. 10.2 psi). If the test is satisfactory, mark the box "OK".

The pressure in the second stage piping system with no appliance burners on and no pilot lines open. Lock-up pressure should not exceed full flow pressure by more than thirty percent. (Example: 10.5" full flow x 30% = 3.15. Add this back to the 10.5" full flow which is 10.5 + 3.15 = 13.65" maximum lock-up pressure). If lock-up pressure exceeds this limit, check pipe size or look for restrictions in the piping. If the test is satisfactory, mark the box "OK".

### **Appliance Information**

**Type of appliance:** List the gas appliances present at the time of inspection (i.e. range, water heater, furnace, etc.).

**Manufacturer:** The name of the appliance manufacturer.

**Vented:** Write "Yes" if the appliance is vented. Write "No" if the appliance is designed to be unvented. Always ensure that appliances designated as vented are in fact vented.

**Pilot Safety System:** If the appliance contains a pilot safety system, write "Yes" in this block.

**Manual Shut-Off:** If the appliance is properly equipped with a manual shut-off, write "Yes" in the block.

**Blank Line:** This line may be used to record any additional appliance data that is needed (i.e. serial number).

### **System Leak Check**

**Test Pressure:** This pressure will determine if there is a leak in the complete gas system. Make sure all safety control valves and shut-off valves are in the open position. Open the service valve on the tank, pause, and then close the service valve. Carefully bleed the system down to within 1/2" of 9" w.c. The pressure must be the same at the end of the test. Record the test pressure in this box. If there is a drop in pressure, it indicates there is a leak in the system or pressure testing device. Do not turn on any appliance until the system is determined to be leak-free.

**Start Time/End Time:** The duration of the leak test. The suggested minimum time to be held is 3 minutes. Record the actual time the test was held.

### **Pressure Check**

**Test Pressure:** The pressure that is applied to the piping system to determine it is leak free before any appliance is connected to the system. The pressure used must be at least 1-1/2 times greater than the normal working pressure of the system, but not less than 3 psig. The pressure must not drop from the start of the test. If any drop is noted, the system must be repaired and retested until no leaks are found.

**Start Time/End Time:** The duration of the pressure test. The minimum time to be held is 10 minutes. Record the actual time the test was held.

### **Customer Acknowledgement**

**Disclaimer:** Ensure that the customer has read and understands the disclaimer statement.

- Customer Signature Box:** The customer should print their name clearly in the appropriate blank, read the acknowledgment, and sign and date the customer signature line after the safety check is complete.
- Customer Initial Boxes:** The customer should initial the appropriate lines verifying that they have been shown how to turn off the gas in case of emergency, have smelled propane and can detect its odor, have received “Duty to Warn” information, and certify the number of appliances present at the time of inspection.
- Comments:** Use this space to record any detailed information about the LP gas system, including red-tagged appliances or special instructions given to the customer. Information can include the total # of capped openings, and actual locations of capped openings (i.e. laundry room, bedroom, etc.).
- Service Technician Signature:** Signature of the technician who performed the safety check. Write in the technician's permit number and the current date.