



MISSOURI PROPANE GAS COMMISSION

LP GAS INSPECTION AUTHORITY

4110 COUNTRY CLUB DR., STE. 200
JEFFERSON CITY, MISSOURI 65109-0302

**LP GAS SYSTEM ANNUAL
LEAK TEST REPORT**

NAME OF ORGANIZATION	
MAILING ADDRESS	
CITY/STATE/ZIP	
LOCATION NUMBER	COUNTY
INSPECTION POINT	

By the authority granted under 2 CSR 90-10.011 for the benefit of public safety, leak tests shall be made annually of all LP Gas systems at schools, churches, nursing homes, resorts, mobile home parks, public housing, hospitals, amusement parks, summer camps, (boy scout, girl scout, church, etc.) and other buildings and institutions. The tests shall be made on or before September 1 of each calendar year with exception of summer camps and amusement parks, which shall be completed on or before June 1 of each calendar year. It shall be the responsibility of the owner, administrator, superintendent, director, or other responsible person directly associated with any piping systems to assume full responsibility to secure the annual leak test of the LP Gas system. A registered installer or company shall perform all tests.

Failure to complete the annual leak test may be due cause to consider the LP Gas system unsafe for continued use and shall be reason to place the system out of service.

TYPE OF SYSTEM: GENERATOR VAPOR SERVICE LIQUID SERVICE VAPORIZER

SYSTEM PERFORMANCE INFORMATION

- Are tanks, piping, and appliances installed in compliance with NFPA 54, NFPA 58 and Missouri state regulations? Yes No
If no, explain: _____
- Has any equipment been added or removed in the past twelve months? Yes No If yes, list: _____
- Are pilots/is pilot system safe? Yes No
- Condition of burners: Approved Rejected N/A
- Condition of venting systems/draft diverters: Approved Rejected If rejected, explain: _____
- Is source of combustion air adequate? Yes No If no, explain: _____

REGULATOR OPERATION/CONDITION

REGULATOR TYPE	REGULATOR MAKE	REGULATOR MODEL	REGULATOR DATE CODE	REGULATOR VENT CONDITION
1 ST STAGE				
2 ND STAGE				
INTEGRAL 2 STAGE				

Regulator lock up pressure: _____
Are regulator vents protected? Yes No If no, explain: _____

SYSTEM LEAK TEST

Method of leak test performed (See NFPA 54 Appendix D): _____

START PRESSURE	END PRESSURE	TIME HELD	SYSTEM OK

I hereby declare that all information submitted within this report is complete and accurate. (Submitting false or misleading information is a violation of Missouri State Law Chapter 575.060.)

SIGNATURE OF PERSON PERFORMING TEST AND INSPECTION	PRINT NAME	CONTACT PHONE NUMBER	DATE
NAME OF BUSINESS PERFORMING TEST AND INSPECTION	BUSINESS PHONE NUMBER		REGISTRATION NO.
SIGNATURE OF RESPONSIBLE PERSON FOR INSTITUTION OR SYSTEM	PRINT NAME	CONTACT PHONE NUMBER	DATE

Upon completion, make a copy for your records. Mail the original within five days to: Missouri Propane Gas Commission, 4110 Country Club Dr., Ste. 200, Jefferson City, MO 65109-0302, or fax it to: (573)893-1074.