

GAS TURN-ON AFFIDAVIT

Complete All Sections that Apply

THIS CERTIFIES THAT THE GAS PIPING IN THE BUILDING INDICATED BELOW HAS SUCCESSFULLY PASSED A LEAKAGE TEST FOR _____

HOUR(S) _____ MINUTES AT _____ PRESSURE.

(Address)

(Owner's signature)

(Date)

(Plumbing Contractor's signature)

CONTRACTOR TO CHECK APPROPRIATE CORRECTIVE CONDITION:

_____ I HAVE REPAIRED _____ REPAIRED (Check all that apply)

_____ Leak at gas equipment
(specify unit) _____

_____ Control Valve _____

_____ Pilot Valve _____

_____ Appliance Valve _____

_____ Hood Draft _____

_____ Appliance Regulator _____

_____ Flue Connection(s) _____

_____ Other (Specify) _____

The chimney flue and base:

Have been cleaned from top to bottom

(Signature of Contractor)

(Date)

Have been inspected and found to be clean

(Signature of Contractor)

(Date)

Will Be Cleaned

(Owner's Signature)

(Date)

Reserved for future Use