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www.safetyauthority.ca

PROPANE SYSTEM RE-CERTIFICATION CHECK LIST

Note: The information on this form is collected to administer the provisions of the BC Safety Standards Act. If you have any questions about the collection, use, or disclosure of this information, contact the Records/FOIPP Coordinator for the BC Safety Authority at telephone 604-660-6286.

A. Inspection (please print)

Decal number:			
Name:			
Suite no.:	Street no.:	Street name:	Street type:
City:		Province:	Postal Code:
Vehicle make:	Vehicle type:	Serial number:	
Propane Cylinder and Tanks:		Fridge Installation and Venting:	
OK	Rej.	OK	Rej. Model: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulators (replacement must be 2-stage):		Furnace Installation and Venting:	
OK	Rej.	OK	Rej. Model: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoses and Lines:		Water Heater Installation and Venting:	
OK	Rej.	OK	Rej. Model: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning Labels:		Catalytic Heaters (canvas walled unit only):	
OK	Rej.	OK	Rej.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: All combustion air and combustion vent outlets shall meet or exceed, the clearances required by code from fuel fill points, openings, windows and doors.			
I, the undersigned, verify the gas system for the vehicle listed above is: <input type="checkbox"/> Acceptable <input type="checkbox"/> Rejected for re-certification in compliance with the BC Safety Standards Act and Regulations.			
Company name:			
Suite no.:	Street no.:	Street name:	Street type:
City:		Province:	Postal Code:
Operating permit number:		Fitter's name:	Fitter's number:
Signature:			Date: