



FORT BEND COUNTY FIRE MARSHAL'S OFFICE  
 1521 EUGENE HEIMANN CIRCLE #114  
 RICHMOND, TEXAS 77469  
 OFFICE (281) 238-1500 FAX (832)471-2440



## GAS SYSTEM TEST REPORT

FACILITY NAME: \_\_\_\_\_ DATE TESTED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

THIS IS TO CERTIFY THAT A GAS LEAK TEST HAS BEEN MADE AT THE ABOVE LOCATION IN ACCORDANCE WITH THE REQUIREMENTS OF THE INTERNATIONAL FUEL GAS CODE AND/OR NFPA CODE 54.

**CHECK ONE:**

\_\_\_\_\_ THE SYSTEM IS FREE FROM ANY LEAKS OR DEFECTS.

\_\_\_\_\_ THE SYSTEM IS IN NEED OF REPAIR- DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ THE SYSTEM HAS BEEN REPAIRED-DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

DATE REPAIRED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

TX STATE PLUMBING LICENSE # \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

THIS FORM MUST BE RETURNED TO THE FIRE MARSHAL'S OFFICE, AND A COPY RETAINED IN THE FILES OF THE ABOVE FACILITY.