PROPANE GAS TANK LEAK TEST REPORT

Safety & Compliance Inspection Document

CUSTOMER & JOB SITE INFORMATION

Customer Name:

Street Address:

City, State, Zip:

Account Number:

Phone Number:

Date of Test:

TANK & CONTAINER SPECIFICATIONS

Serial Number:

Capacity (Gals):

Water Cap. (WC):

Manufacturer:

Year Built:

Tank Location:

LEAK TEST PROCEDURE & RESULTS

Test Parameters	Required / Target	Actual Reading
Type of Test: Pressure Decay / Pressure Hold / Bubble Leak Check		
Test Medium: Propane Gas / Nitrogen / Air		
Initial Test Pressure:		
Final Test Pressure:		
Test Duration: (Minutes)		
Allowable Pressure Drop:		
Actual Pressure Drop:		

SYSTEM INSPECTION CHECKLIST

☐ Tank valves and fittings soap tested

- [ ] Relief valve visual inspection passed
- [ ] Regulator inspection (vent clear, no leaks)
- [ ] Piping and joints tested and sound
- [ ] System shutoff valves operating correctly
- [ ] Tank visually free of corrosion or damage

FINAL TEST DETERMINATION

- [ ] **SYSTEM PASSED (No leaks detected)**
- [ ] **SYSTEM FAILED (Action required)**

COMMENTS, CORRECTIVE ACTIONS, OR NOTES

AUTHORIZATION & SIGN-OFF

Technician Name:

Certification No:

Technician Signature:

Date:

Customer Signature:

Date:

Witness Signature (If applicable):

This document serves as record of a propane leak test conducted in accordance with national, state, and local safety codes.