

GAS TEST VERIFICATION

On _____ 20__ a gas test was made at _____
(Address of Business or Day Care)

Irving, Texas. This being a _____ operated by _____
(Business , Day Care, etc.)

_____ operating under the name of _____
(Building owner or manager) (Name of Business, Day Care, etc.)

_____. This test was conducted by _____
(Name of testing co.)

_____ and no leaks were found in the gas supply
(Testing co. Phone number) (License Number)

system.

Authorized signature: _____ . Type test: 1. Mercury gauge _____
(Testing co. address) → _____ 2. Air pressure test _____
_____ 3. Gas usage test _____

RETURN TO: Irving Fire Department
Fire Prevention Division
845 W. Irving Blvd.
P. O. box 152288
Irving, Tx 75015-2288

FORM #05031