



**MISSOURI PROPANE SAFETY COMMISSION**

LP GAS INSPECTION AUTHORITY  
 4110 COUNTRY CLUB DR., STE. 200  
 JEFFERSON CITY, MISSOURI 65109-0302

DATE DUE:  
 LOC #: COUNTY:  
 NAME OF ORGANIZATION:  
 MAILING ADDRESS:  
 CITY/STATE/ZIP:  
 SYSTEM NAME:

**LP GAS SYSTEM ANNUAL  
 LEAK TEST REPORT**

By the authority granted under 2 CSR 90-10.011 the commission shall have discretionary authority to require leak tests be made annually on all LP Gas systems at schools, churches, nursing homes, resorts, mobile home parks, public housing, hospitals, amusement parks, summer camps, (boy scout, girl scout, church, etc.) and other buildings and institutions. The tests shall be made on or before September 1 of each calendar year with exception of summer camps and amusement parks, which shall be completed on or before June 1 of each calendar year. It shall be the responsibility of the owner, administrator, superintendent, director, or other responsible person directly associated with any piping systems to assume full responsibility to secure the annual leak test of the LP Gas system. A registered installer or company shall perform all tests.

Failure to complete the annual leak test may be due cause to consider the LP Gas system unsafe for continued use and shall be reason to place the system out of service.

TYPE OF SYSTEM:  GENERATOR  VAPOR SERVICE  LIQUID SERVICE  VAPORIZER  
 OTHER : \_\_\_\_\_

**SYSTEM PERFORMANCE INFORMATION**

1. Are tanks, piping, and appliances installed in compliance with NFPA 54, NFPA 58 and Missouri state regulations?  Yes  No

If no, explain: \_\_\_\_\_

2. Has any equipment or piping been added, removed or repaired in the past twelve months?  Yes  No If yes, list: \_\_\_\_\_

3. If you have any comments regarding the system, please list here: \_\_\_\_\_

**SYSTEM LEAK TEST**

Method of leak test performed (See NFPA 54 ANNEX C):  Manometer  High Pressure Test Block  Magnehelic  
 Gas Meter  Other: \_\_\_\_\_

| START PRESSURE | END PRESSURE | TIME HELD | SYSTEM OK |
|----------------|--------------|-----------|-----------|
|                |              |           |           |

**I hereby declare that all information submitted within this report is complete and accurate.** (Submitting false or misleading information is a violation of Missouri State Law Chapter 575.060.)

|   |                       |                      |                  |
|---|-----------------------|----------------------|------------------|
| SIGNATURE OF PERSON PERFORMING TEST AND INSPECTION        | PRINT NAME            | CONTACT PHONE NUMBER | DATE             |
| NAME OF BUSINESS PERFORMING TEST AND INSPECTION           | BUSINESS PHONE NUMBER |                      | REGISTRATION NO. |
| SIGNATURE OF RESPONSIBLE PERSON FOR INSTITUTION OR SYSTEM | PRINT NAME            | CONTACT PHONE NUMBER | DATE             |

**Upon completion, the original must be mailed to: Missouri Propane Safety Commission, 4110 Country Club Dr., Ste.200, Jefferson City, MO 65109-0302 or by fax to: (573)893-1074. The carbon copy is for your records.**