



# Office of the Fire Marshal Williamson County, Texas

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## GAS SYSTEM TEST REPORT

Facility Name: \_\_\_\_\_ Date Tested: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

### CHECK ONE:

The system is free from any leaks or defects.

The system needs repair. Describe any repair(s) needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The system had been repaired. Describe the repair(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Repaired: \_\_\_\_\_

### Plumber Information

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

TX State Plumbing Licensed No. \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_

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