



SAFETY INSPECTION FORM

For natural gas service that has been interrupted for a period greater than 60 days, Greater Minnesota Gas, Inc. requires that the property mentioned below be inspected by a licensed contractor to ensure that the property is safe to begin using natural gas. The minimum inspection requirements are:

Contractor Initials as done:	Date Completed:	Requirement:
		Pressure Test per Minnesota Fuel Gas Code Sec. 406.4.1
		Test Duration per Minnesota Fuel Gas Code Sec. 406.4.2
		Leak Check per Minnesota Fuel Gas Code Sec. 406.4.3

Customer Information:

Name: _____ Phone: _____
Service Address: _____ City, State, Zip: _____
GMG Account #: _____

Contractor Information:

Business Name: _____ Phone: _____
License #: _____ Federal Tax ID #: _____
Business Mailing Address: _____ City, State, Zip: _____
Name of Technician Performing Testing (printed): _____
Phone # of Technician Performing Testing: _____

Homeowner/Customer is responsible for contracting with a licensed, qualified plumbing & heating contractor who will perform the minimum requirements as listed above under the Minnesota Fuel Gas Codes: 406.4.1, 406.4.2 and 406.4.3. Once completed, the homeowner/customer will schedule an appointment to have a GMG field technician meet the contractor at the property. GMG will then unlock the meter while the contractor relights customer's equipment. Once the relight is complete and GMG has received the completed form, the GMG technician's responsibility will be complete.

By signing this form, I certify that the above-mentioned property has been tested according to the minimum requirements included on this form that the property is safe for reintroduction of natural gas service to the downstream piping.

Contractor's Technician Signature: _____ Date: _____

GMG Technician's Signature: _____

Date / Time of Unlock/Relight: _____

Meter #: _____ Read @ Meter at Time of Unlock: _____

Comments: _____