

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. 406.6.3

Customer Information:	
Name:	Phone:
	City, State, Zip:
GMG Account #:	
Contractor Information:	
Business Name:	Phone:
	Federal Tax ID #:
Business Mailing Address:	City, State, Zip:
Name of Technician Performing Testing (p	orinted):
	;:
appointment to have a GMG field technic the meter while the contractor relights th	Once completed, the homeowner/customer will schedule ar cian meet the contractor at the property. GMG will then unlock e customer's equipment. Once the relight is complete and GMGG technician's responsibility will be complete.
	above-mentioned property has been tested according to the form that the property is safe for reintroduction of natural gas
Contractor's Technician Signature:	Date:
GMG Technician's Signature:	
Date / Time of Unlock/Relight:	
	Meter at Time of Unlock:
Comments:	

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