



# PROPANE ODOR COMPLAINT/LEAK REPORT



Date \_\_\_\_\_ Time of Call \_\_\_\_\_ Rep \_\_\_\_\_

Customer Name \_\_\_\_\_ Address \_\_\_\_\_

Person Calling \_\_\_\_\_ Cell Phone \_\_\_\_\_ Account Number \_\_\_\_\_ Time Dispatched \_\_\_\_\_

IS THE ODOR/LEAK INSIDE OR OUTSIDE THE BUILDING?     Inside     Outside

## INSIDE GAS LEAKS

**IF THE CUSTOMER IS PHONING FROM INSIDE THE BUILDING OF THE ODOR/LEAK, INSTRUCT THE CUSTOMER TO DO THE FOLLOWING:**

- Do Not HANG UP THE PHONE (Hanging up the phone can cause a spark).
- Put out all smoking materials and other open flames.
- Do Not turn ANY electrical switches or appliances ON or OFF, or do anything to cause a spark or flame.
- Get everyone out of the building immediately and leave the doors open.
- Do not re-enter the building until our technician or emergency responders have deemed it safe.
- Turn off the gas supply at the tank if you feel it is safe to do so.
- Instruct customer to call back once outside the building at a safe distance or at a neighbor's.

**ASK THE FOLLOWING QUESTIONS ONCE THE CUSTOMER IS OUTSIDE THE BUILDING AT A SAFE DISTANCE:**

	YES	NO
Do you hear gas escaping?	<input type="checkbox"/>	<input type="checkbox"/>
Do you smell gas throughout the building?	<input type="checkbox"/>	<input type="checkbox"/>
Has a line been damaged?	<input type="checkbox"/>	<input type="checkbox"/>
Has an appliance been moved or disconnected?	<input type="checkbox"/>	<input type="checkbox"/>
Do you smell gas all of the time? If yes, how long? _____	<input type="checkbox"/>	<input type="checkbox"/>

## OUTSIDE GAS LEAKS

**INSTRUCT THE CUSTOMER TO:**

- Put out all smoking materials and other open flames.
- Do Not turn any light switches or appliances ON or OFF, or do anything to cause a spark or flame.
- Get everyone out of the building immediately and remain a safe distance from the area of the leak.
- Shut off the gas supply at the tank if the leak is not at the tank and you feel it is safe to do so.

**ASK THE FOLLOWING QUESTIONS ONCE THE CUSTOMER IS OUTSIDE THE BUILDING AT A SAFE DISTANCE:**

	YES	NO
Do you hear gas escaping?	<input type="checkbox"/>	<input type="checkbox"/>
Is gas escaping from the tank?	<input type="checkbox"/>	<input type="checkbox"/>
Has any construction work or grading been done in the area?	<input type="checkbox"/>	<input type="checkbox"/>
Is the odor strong in the area?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any gas odor in the building?	<input type="checkbox"/>	<input type="checkbox"/>
Is the leak in the yard?	<input type="checkbox"/>	<input type="checkbox"/>
How long have you smelled gas? _____		