

## Propane Pressure Test / Leak Check

### Date of Test

Name of Mobile Food Vending Unit: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Unit Type: (Check One)    Mobile Food Truck    Mobile Food Trailer    Pushcart

Unit License Plate: \_\_\_\_\_ State: \_\_\_\_\_ Unit VIN: \_\_\_\_\_

### Type of Gas Appliance and BTU Rating

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

### Test Performed

Leak Test - 10 Minute Minimum (Check One)	Passed	Pressure Test - 3 Minute Minimum (Check One)	Passed
	Failed		Failed

Comments: \_\_\_\_\_

Business Name: \_\_\_\_\_ Test Technician : \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Business Certification # \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Business E-Mail: \_\_\_\_\_

Form Completed By

Date

Mobile Food Vending Unit Owner's Name

Date

**Note:** Test provider must email the completed form to [cfdmfinfo@columbus.gov](mailto:cfdmfinfo@columbus.gov) and [mfv@columbus.gov](mailto:mfv@columbus.gov). Also, provide the customer a printed copy and an emailed copy.

**Questions?** - Please email questions to the above email. You can also call 614-645-8366, if you get a voicemail be sure to leave a message. **Test can be performed by any Propane Specialist or Licensed Plumber that can perform the required test.**