Office Use Only

License #: _____

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING AND ZONING SERVICES

Propane Pressure Test/Leak Check Form

Phone: 614-645-8366
Email: mfv@columbus.gov

General Information:

Name of MFV Unit: _____ Date of Inspection: _____

Owner Name: _____ Phone #: _____

Owner Address: _____ City: _____ State: ____ Zip Code: _____

Unit Information:

Unit Type: □ Mobile Food Truck □ Mobile Food Trailer □ Mobile Food Pushcart

VIN: _____ License Plate: _____ State: ____

Type of Gas Appliance and BTU Rating:

1. _____
2. _____
3. _____
4. _____
5. _____

Test Performed:

	PASS	FAIL		PASS	FAIL
Leak Test (10 minute minimum)	☐	☐	Pressure Test (3 minute minimum)	☐	☐

Comments: _____

_____ *Name of Technician*

_____ *Signature of Technician*

_____ *Name of Inspection Facility*

_____ *Business Certification #*

_____ *Street Address*

_____ *Business Phone #*

_____ *City* _____ *State* _____ *Zip Code*

_____ *Business Email*

This form to be **completed by any Propane Specialist or Licensed Plumber** qualified to conduct the tests. Test provider requested to **email completed form to cfdmfvinfo@columbus.gov and mfv@columbus.gov**, as well as to customer.