

**City of Denham Springs**  
**GAS DEPARTMENT**  
P. O. Box 1629 (401 N Railroad Ave)  
Denham Springs, LA 70727-1629  
225 667-8346, gas@cityofdenhamsprings.com

**GAS INSPECTION FORM**

**INSPECTED**

**PASSED**

**FAILED**

**N/A**

HEATER: \_\_\_\_\_  
IF FAILED. REASON \_\_\_\_\_

STOVE: \_\_\_\_\_  
IF FAILED. REASON \_\_\_\_\_

HOT WATER HEATER: \_\_\_\_\_  
IF FAILED. REASON \_\_\_\_\_

SPACE HEATER(S): \_\_\_\_\_  
IF FAILED. REASON \_\_\_\_\_

OTHER (SPECIFY): \_\_\_\_\_  
IF FAILED. REASON \_\_\_\_\_

On the above date our serviceman came out to turn your gas on and light your pilots and/or responded to a gas leak report and found the above safety hazards. If the above listed hazards are not corrected within \_\_\_\_\_ days, your gas service will be discontinued with no further notice. If the hazards cannot be fixed within the allotted days, it is your responsibility to notify us at 225 667-8346 before the deadline date.

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

FOR \_\_\_\_\_ APPT TIME \_\_\_\_\_

WATER MTR# \_\_\_\_\_ R \_\_\_\_\_

GAS MTR # \_\_\_\_\_ R \_\_\_\_\_

**DATE**

**COMMENTS**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
**SERVICEMAN SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CUSTOMER SIGNATURE**

\_\_\_\_\_  
**DATE**