



## Greater Minnesota Gas, Inc. Safety Inspection Form

Customer Name: \_\_\_\_\_

Customer Phone: \_\_\_\_\_

Customer Service Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

GMG Account Number: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Federal TID: \_\_\_\_\_

Contractor Phone: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contractor Technician Name: \_\_\_\_\_

Contractor Technician Phone: \_\_\_\_\_

For services interrupted for a period greater than 60 days Greater Minnesota Gas, Inc. requires that the above mentioned property be inspected by a licensed contractor for safety. The minimum requirements are listed below.

Tech Initials	Date Completed	Requirement
		<b>Pressure Test</b> per Minnesota Fuel Gas Code Sec. 406.4.1
		<b>Test Duration</b> per Minnesota Fuel Gas Code Sec. 406.4.2
		<b>Leak Check</b> per Minnesota Fuel Gas Code Sec. 406.6.3

By signing this form I certify that the above mentioned property is safe for reintroduction of natural gas service to the downstream piping and has met the requirements listed above.

**Technicians Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_