

## **Propane Pressure Test / Leak Check**

THE CITY OF  
**COLUMBUS**  
ANDREW J. GINTHER, MAYOR

## DEPARTMENT OF PUBLIC SAFETY

**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  
Failed

## Pressure Test - 3 Minute Minimum (Check One)

Passed  
Failed

#### Comments:

Buisness 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

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Date

**Note:** Test provider must email the completed form to [cfdfvinfo@columbus.gov](mailto:cfdfvinfo@columbus.gov) & [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 emails. You can also call or text 614-206-6809 or call 614-645-6854, 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.**