

OHIO GAS COMPANY
200 W. HIGH
BRYAN, OHIO 43502

NAPOLEON FIRE DEPARTMENT
255 W RIVERVIEW
NAPOLEON, OH 43545

For your information we are enclosing a copy of an "Appliance Shut Off Notice" which has been attached to a defective gas appliance at:

211 SHELBY
NAPOLEON, OH

A "red tag" portion of this notice has been left with the customer and is wired to the gas appliance with instructions not to use the appliance or remove the tag until a qualified repairman has completed the necessary repairs.

WATER HEATER FLUE IS OBSTRUCTED

Under separate letter dated _____, you were informed of a defective gas appliance at:

This is to notify you that the appliance in question has been repaired and is now operating in a safe condition.

The Ohio Gas Company

Mike Cray, manager



DANGER

Notice of Hazardous Condition

Name: Brendan Pouty
 Address: 711 Shelby
 Apt. No.: _____
 Town/City: Noroton State: OH Zip: 43245
 Phone: _____
 Meter Number: 33986
 Meter Reading: 1414

Customer Information

GAS TURNED OFF AT:

- | | |
|--|---|
| <input type="checkbox"/> Meter | <input type="checkbox"/> Meter Valve Locked |
| <input type="checkbox"/> Furnace | <input type="checkbox"/> Clothes Dryer |
| <input type="checkbox"/> Oven/Stove | <input type="checkbox"/> Fireplace |
| <input checked="" type="checkbox"/> Water Heater | <input type="checkbox"/> Pool Heater |
| <input type="checkbox"/> Other (Specify) _____ | |
- SENT 7-3-14*
- Isolation valve closed and wrapped with warning tape
 Appliance Disconnected

CONDITION(S) FOUND:

- | | |
|--|---|
| <input type="checkbox"/> Improper Venting: | <input type="checkbox"/> Gas Leak at Appliance |
| <input type="checkbox"/> Unvented | <input type="checkbox"/> Leak/Improper Connector |
| <input checked="" type="checkbox"/> Obstructed Flue/Vent | <input type="checkbox"/> No Pilot Safety/Control |
| <input type="checkbox"/> Venting Deteriorated | <input type="checkbox"/> Defective Pilot Safety/Control |
| <input type="checkbox"/> Inadequate Combustion Air | <input type="checkbox"/> Defective Heat Exchanger |
| <input type="checkbox"/> No Relief Valve | <input type="checkbox"/> Improper Ignition |
| <input type="checkbox"/> Defective Control Valve | <input type="checkbox"/> Overfiring |
| <input type="checkbox"/> Gas Leak in Piping | <input type="checkbox"/> Spillage |
| <input type="checkbox"/> Other (Specify) _____ | |

Comments _____

Red Tag

I have been notified of the condition(s) indicated and understand that the affected appliance(s) must not be used under any circumstances until corrections are made by a licensed plumber or other qualified person. Failure to do so may result in property damage, serious bodily injury or death!

Signature: [Signature]
 Print Name: _____
 Phone: (H) _____ (W): _____
 Owner Tenant* Other No One Home* Refused To Sign*
 *Follow-up actions: Send registered letter/shutoff gas, as required to make safe
 Service Technician: [Signature] Date: 6/27/14

If you have any questions, please call us at the following toll free number:
1-800-331-7396

ORIGINAL: Ohio Gas Co. • COPY 1: Public Safety Agency • COPY 2: Customer • COPY 3 (Tag): Attach
(REV. 012)

NOTICE OF HAZARDOUS CONDITION