



GPS1: Gas Piping System Periodic Inspection Report

Form must be typewritten.

Orient and affix BIS job number label here

1 Location Information *(required for all reports)*

House No(s)	Street Name	Owner Name:		
Borough	Block	Lot	BIN	Community Board No.
Number of Stories	Total Number of Meters:		Total Number of Active Meters:	

2 Licensed Master Plumber Information *(required for all reports; fax and mobile telephone are optional)*

Last Name	First Name	Middle Initial
Business Name	Business Telephone	
Business Address	Business Fax	
City	State	Zip
Email	Mobile Telephone	
	License Number	

3 Individual Performing Inspection (Qualified Individual) Information *(required where a qualified individual performed inspection under LMP supervision; fax and mobile telephone are optional)*

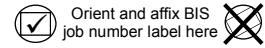
Last Name	First Name	Middle Initial
Business Name	Business Telephone	
Business Address	Business Fax	
City	State	Zip
Email	Mobile Telephone	
	Employer Name:	

4 Certification of Inspection Results *(required for all reports)*

Relevant Category	Check only one for each relevant category	List conditions observed for each category (e.g., floor number & location of condition(s) observed, etc.). Attach additional sheets if necessary.
1 Improper Use of Flex Hose	<input type="checkbox"/> No Condition(s) Observed	Conditions observed:
	or	
	<input type="checkbox"/> Condition(s) Observed	
2 Evidence of Illegal Connections/Non-Code Compliant Installations	<input type="checkbox"/> No Condition(s) Observed	Conditions observed:
	or	
	<input type="checkbox"/> Condition(s) Observed	
3 Gas Leak (0.1% gas or more in air)	<input type="checkbox"/> No Condition(s) Observed	Conditions observed:
	or	
	<input type="checkbox"/> Condition(s) Observed	
4 Worn Part(s) Affecting Safe and Reliable Operation	<input type="checkbox"/> No Condition(s) Observed	Conditions observed:
	or	
	<input type="checkbox"/> Condition(s) Observed	



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Relevant Category	Check only one for each relevant category	List conditions observed for each category (e.g., floor number & location of condition (s) observed, etc.). Attach additional sheets if necessary.
5 Other Unsafe Condition(s)	<input type="checkbox"/> No Condition(s) Observed	Conditions observed:
	or	
	<input type="checkbox"/> Condition(s) Observed	

5 Additional Comments

6 Certification of Licensed Master Plumber (required for all reports)

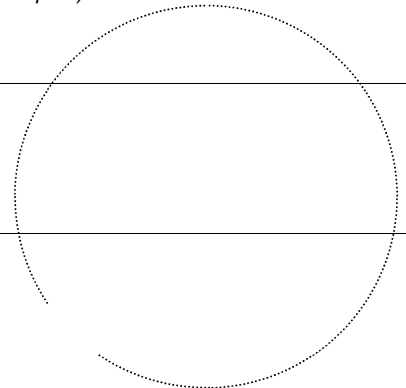
I hereby state that I have personally inspected, or the individual identified in Section 7 of this form has inspected under my direct and continuing supervision, the gas piping system(s) of the building listed herein pursuant to Article 318 of Title 28 of the New York City Administrative Code and Section 103-10 of Title 1 of the Rules of the City of New York and in accordance with all applicable Code, rules, bulletins and laws. Furthermore, I have personally reviewed the contents of this form and hereby affirm that all statements and information contained herein are correct and complete to the best of my knowledge. I understand that a copy of this inspection report must be submitted to the building owner/owner's authorized representative no later than 30 days from the date this inspection was performed.

Falsification of any statement is a misdemeanor under §§28-211.1, 28-201.2.1(2), and 28-203.1(1) of the NYC Administrative Code and is punishable by a fine or imprisonment, or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of the New York City Administrative Code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. It is unlawful to give to a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

Name (please print)

Signature

Date



LMP Seal (apply seal, then sign and date over seal)

7 Certification of Individual Performing Inspection (required where a Non-LMP performed inspection under LMP supervision)

I hereby state that I have personally inspected, under the direct and continuing supervision of the licensed master plumber identified in section 6 of this form, the gas piping system(s) of the building listed herein pursuant to Article 318 of Title 28 of the New York City Administrative Code and Section 103-10 of Title 1 of the Rules of the City of New York and in accordance with all applicable code, rules, bulletins and laws. Furthermore, I have personally reviewed the contents of this form and hereby affirm that all statements and information contained herein are correct and complete to the best of my knowledge.

Falsification of any statement is a misdemeanor under §§28-211.1, 28-201.2.1(2), and 28-203.1(1) of the NYC Administrative Code and is punishable by a fine or imprisonment, or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of the New York City Administrative Code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. It is unlawful to give to a City employee, or for a City employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

Name (please print)

Signature

Date