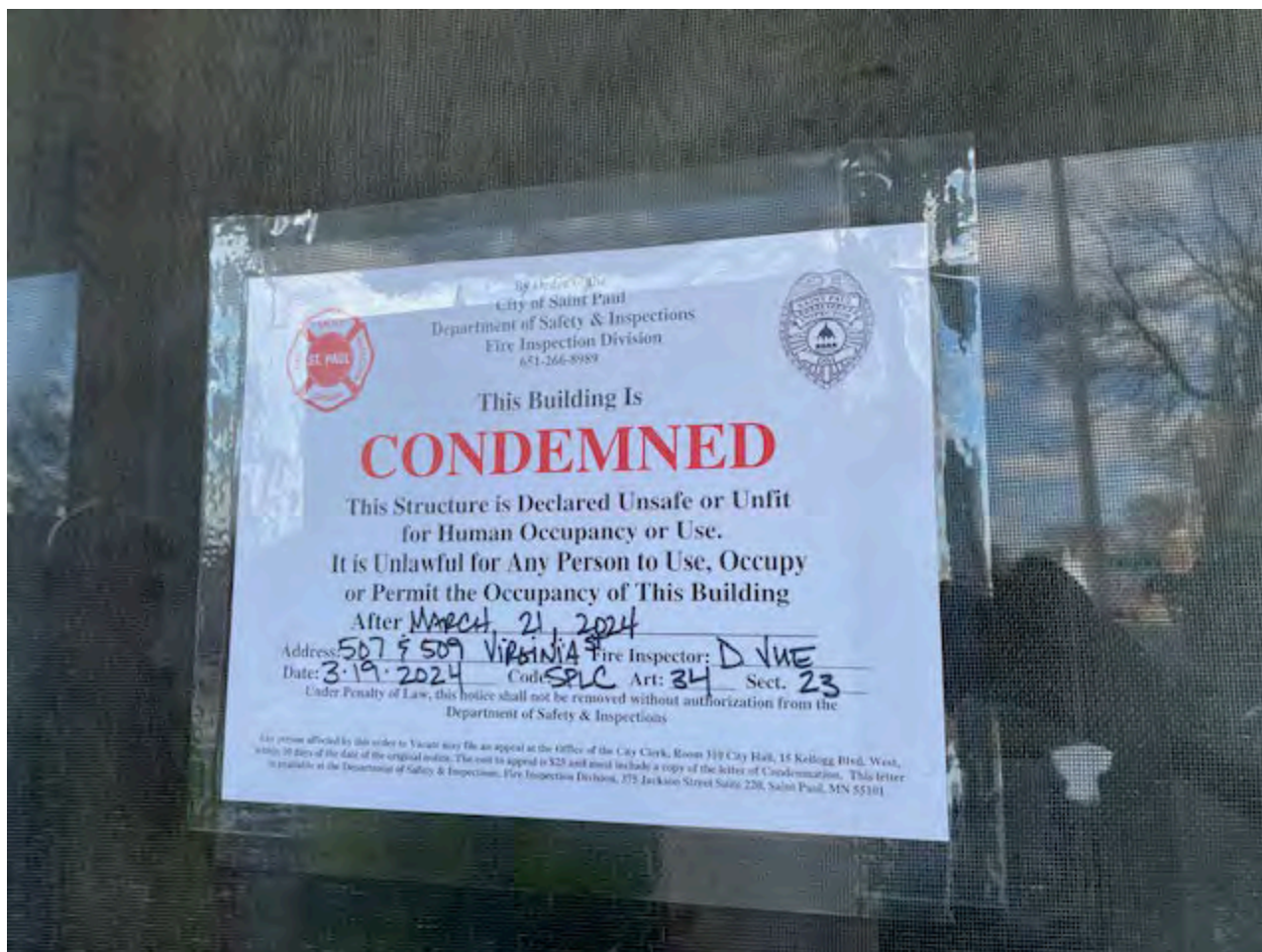


Date: March 21, 2024
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Folder Name: 507 VIRGINIA ST
PIN: 362923130183



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Unit 509



Date: March 21, 2024
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Unit 507



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Unit 507 - Red-Tagged by Xcel on 1/29/2024



Date: March 21, 2024
File #: 24 - 020864
Folder Name: 507 VIRGINIA ST
PIN: 362923130183

Unit 507 – new tags placed by Xcel

☐ POSSIBLE LEAKAGE OF FLUE PRODUCTS IN WARM AIR CIRCULATION	☐ IMPROPER GAS PIPING
☐ NON-APPROVED APPLIANCE	☐ COMBUSTION PRODUCTS SPILLING AT DIVERTER
	☐ OTHER CONDITION WHICH IS HAZARDOUS

REMARKS Flame on AB Valve Condition
Leaking Gas

NAME Mr. [Signature] PHONE # _____

ADDRESS 507 Virginia APT. # _____

CITY St. Paul

REMEMBER, YOU, NOT XCEL ENERGY, ARE ACCOUNTABLE FOR ANY ADVERSE
CONSEQUENCES RESULTING FROM THIS UNSAFE CONDITION NOT
BEING CORRECTED

I HAVE BEEN ADVISED BY AN EMPLOYEE OF XCEL ENERGY THAT AN
UNSAFE CONDITION HAS BEEN DETECTED ON MY PREMISES AND
THAT I SHOULD IMMEDIATELY ARRANGE TO HAVE THE CONDITION
CORRECTED BY A QUALIFIED PERSON BEFORE THE GAS SUPPLY TO
THIS EQUIPMENT IS TURNED BACK ON.

CUSTOMER SIGNATURE [Signature] DATE 3/19/24

☐ OWNER ☐ TENANT ☐ AGENT

XCEL ENERGY

Form 17-2652 (3-01) SERVICE PERSON # 17

Date: March 21, 2024
File #: 24 - 020864
Folder Name: 507 VIRGINIA ST
PIN: 362923130183

WARNING 56015

AN UNSAFE CONDITION HAS BEEN DETECTED IN YOUR GAS EQUIPMENT. CORRECTIONS MUST BE MADE BY A QUALIFIED PERSON OR AGENCY IN ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS AND IN CONFORMITY WITH LOCAL REGULATIONS.

ON PLACE OF: ☐ RANGE ☐ WATER HEATER ☐ FURNACE ☐ OTHER

FURTHER USE OF THE EQUIPMENT IN ITS PRESENT CONDITION IS DANGEROUS AND THEREFORE THE GAS SUPPLY HAS BEEN SHUT OFF.

☐ LEAK OR CRACK IN GAS PIPE	☐ IMPL. (ANG) NOT INSTALLED TO CODE
☐ GAS LEAK IN GAS APPL. (ANG)	☐ CONTROLS DEFECTIVE OR MISSING
☐ NO VENT PIPE	☐ NO SAFETY VALVE OR IS DEFECTIVE
☐ DEFECTIVE VENT PIPE	☐ FAULTY ELECTRICAL WIRING
☐ NOT VENTED PROPERLY	☐ NO RELIEF VALVE OR IS DEFECTIVE
☐ VENT ON CHIMNEY	☐ IMPROPER GAS PIPING
☐ STOPPAGE	☐ CORRUPTION PRODUCTS
☐ IMPROPER DRAFT BETWEEN	☐ SPILLING AT OVERFLOW
☐ IMPROPER VENT JOINT	☐ OTHER CONDITION WHICH IS DANGEROUS
☐ POSSIBLE LEAKAGE OF FLUE	
☐ PRODUCTS IN WARM AIR	
☐ EXHAUSTION	
☐ NON-APPROVED APPL. (ANG)	

REMARKS: Shut off gas supply to furnace

NAME: John Doe PHONE #: 555-1234

ADDRESS: 507 Virginia St APT. #:

CITY: Minneapolis

REMEMBER YOU, NOT XCEL ENERGY, ARE ACCOUNTABLE FOR ANY ADVERSE CONSEQUENCES RESULTING FROM THIS UNSAFE CONDITION NOT BEING CORRECTED.

I HAVE BEEN ADVISED BY AN EMPLOYEE OF XCEL ENERGY THAT AN UNSAFE CONDITION HAS BEEN DETECTED ON MY PREMISES AND THAT I SHOULD IMMEDIATELY ARRANGE TO HAVE THE CONDITION CORRECTED BY A QUALIFIED PERSON BEFORE THE GAS SUPPLY TO THIS EQUIPMENT IS TURNED BACK ON.

CUSTOMER SIGNATURE: John Doe DATE: 3/21/24

☐ OWNER ☐ TENANT ☐ AGENT

XCEL ENERGY

Form 13-2652 (3-01) SERVICE PERSON # 123456

Date: March 21, 2024
File #: 24 - 020864
Folder Name: 507 VIRGINIA ST
PIN: 362923130183

☐ IMPROPER DRAFT DIVERTER
☐ IMPROPER VENT SIZE
☐ POSSIBLE LEAKAGE OF FLUE PRODUCTS IN WARM AIR CIRCULATION
☐ NON-APPROVED APPLIANCE

☐ NO RELIEF VALVE OR IS DEFECTIVE
☐ IMPROPER GAS PIPING
☐ COMBUSTION PRODUCTS SPILLING AT DIVERTER
☐ OTHER CONDITION WHICH IS HAZARDOUS

REMARKS: Vent Box not attached

NAME: S. MAYER PHONE #: _____
ADDRESS: 507 Virginia APT. #: _____
CITY: St. Paul

REMEMBER, YOU, NOT XCEL ENERGY, ARE ACCOUNTABLE FOR ANY ADVERSE CONSEQUENCES RESULTING FROM THIS UNSAFE CONDITION NOT BEING CORRECTED

I HAVE BEEN ADVISED BY AN EMPLOYEE OF XCEL ENERGY THAT AN UNSAFE CONDITION HAS BEEN DETECTED ON MY PREMISES AND THAT I SHOULD IMMEDIATELY ARRANGE TO HAVE THE CONDITION CORRECTED BY A QUALIFIED PERSON BEFORE THE GAS SUPPLY TO THIS EQUIPMENT IS TURNED BACK ON.

CUSTOMER SIGNATURE: _____ DATE: 3/21/24

☐ OWNER ☐ TENANT ☐ AGENT

XCEL ENERGY

Form 17-2652 (3-01) SERVICE PERSON #: 17

Date: March 21, 2024
File #: 24 - 020864
Folder Name: 507 VIRGINIA ST
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Unit 509 – new tags placed by Xcel



Date: March 21, 2024
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☐ IMPROPER DRAFT DIVERTER	☐ NO RELIEF VALVE OR IS DEFECTIVE
☐ IMPROPER VENT SIZE	☐ IMPROPER GAS PIPING
☐ POSSIBLE LEAKAGE OF FLUE PRODUCTS IN WARM AIR CIRCULATION	☐ COMBUSTION PRODUCTS SPILLING AT DIVERTER
☐ NON-APPROVED APPLIANCE	☐ OTHER CONDITION WHICH IS HAZARDOUS

REMARKS Sense line @ AB Valve Back
Leakage. Possibly update Control

NAME Si. Nguyen PHONE # _____
ADDRESS 507 Virginia APT. # _____
CITY St Paul

REMEMBER, YOU, NOT XCEL ENERGY, ARE ACCOUNTABLE FOR ANY ADVERSE CONSEQUENCES RESULTING FROM THIS UNSAFE CONDITION NOT BEING CORRECTED

I HAVE BEEN ADVISED BY AN EMPLOYEE OF XCEL ENERGY THAT AN UNSAFE CONDITION HAS BEEN DETECTED ON MY PREMISES AND THAT I SHOULD IMMEDIATELY ARRANGE TO HAVE THE CONDITION CORRECTED BY A QUALIFIED PERSON BEFORE THE GAS SUPPLY TO THIS EQUIPMENT IS TURNED BACK ON.

CUSTOMER SIGNATURE _____ DATE 3/19/24

☐ OWNER ☐ TENANT ☐ AGENT

XCEL ENERGY

Form 17-2552 (3-01) SERVICE PERSON # 17