



BETHLEHEM APPARATUS

**BETHLEHEM
BURNERS**

Bethlehem Burners
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Burner Repair Form

CONTACT INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

BURNER INFORMATION

Torch Model: _____ Serial Number: _____

IN FOR (check one): _____ Was the torch purchased *new* or *used*? _____

Cleaning Repair

BURNER SET-UP

REGULATOR SETTINGS

Gas psi: _____ Oxy psi: _____ Oxy Con. LPM output: _____

GAS USED (check one)

Natural Propane Other: _____

BURNER PROBLEMS

Centerfire, Outerfire, or both: _____

Please provide a brief description of your torch problems:
