Facilities

Refrigerant Service Input Form

RESET

WORK ORDER #: _____ FACILITY: _____

DATE ISSUED: _____ DATE COMPLETED: _____ LOCATION: _____

TECHNICIAN(S): _____ APPLIANCE/ASSET ID: _____

_____ MODEL: _____ MFG: _____

_____ SERIAL #: _____

REF. TYPE: Select One OTHER: _____ CHARGE: _____ LBS _____ OZ

CIRCUIT CHARGES: ☐ CIRCUIT #1: _____ LBS: _____ OZ ☐ CIRCUIT #2: _____ LBS: _____ OZ

SERVICE REQUEST AND SERVICE WORK DETAIL
Why dispatched and what was done?

SERVICE DESCRIPTION
Briefly describe what you found upon arrival at the unit. Check all that apply.

- ☐ All recovery equipment inspected prior to use
- ☐ Recovery only
- ☐ Recovery stopped (air)
- ☐ Unit flat at "O" PSIG, could not recover
- ☐ Minor Maintenance (PM)
- ☐ Major Maintenance (Repair and/or Replace)
- ☐ Transferred to receiver/ condenser, or pump out unit
- ☐ Dispose of Unit
- ☐ Annual Refrigerant Monitor tested
- ☐ PM Leak Test

RECOVERY/RECYCLING UNIT: _____

SCALE ID #: _____

_____ DATE _____ METHOD

REFRIGERANT	CYLINDER ID	TYPE	CONDITION	QUANTITY	
RECOVERED Recovery Unit Used				LBS	OZ
				LBS	OZ
				LBS	OZ
				LBS	OZ
			TOTAL RECOVERED:	LBS	OZ
ADDED No cylinder ID # if contractor supplied				LBS	OZ
				LBS	OZ
				LBS	OZ
				LBS	OZ
				LBS	OZ
☐ New Unit Startup Charge			**TOTAL ADDED:**	LBS	OZ

LEAKS

- ☐ Leak Found — DATE: _____
- ☐ Leak Repaired — DATE: _____
- ☐ Initial Leak Verification Test *Test done after repair before charging* — DATE: _____ METHOD: _____
- ☐ Follow-up Verification Test *Test done with unit running under normal load - can be done same day* — DATE: _____ METHOD: _____

LEAK NOTES/COMMENTS: *Exact location of leak and description of how repaired and monitored*

☐ Oil Removed _____ gallons ☐ Oil Added _____ gallons ☐ Trace Gas Used R-Type _____

☐ Accidental Release Occurred Description of accident:

☐ Estimated Amount Released _____ LBS _____ OZ ALR Calculation _____

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ADDITIONAL PARTS USED

ANNUALIZED REFRIGERANT LEAK RATE

$$\text{ANNUALIZED REFRIGERANT LEAK RATE} = \frac{365}{\text{NOD}} \times \frac{\text{RC}}{\text{NRC}} \times 100$$

NOD = Number of days since most recent system change
RC = Amount of refrigerant charged into system
NRC = Normal refrigerant capacity of system being charged

ANNUAL: _____ LEAK RATE DATE: _____

OTHER DOCUMENT REQUIREMENTS:

If a contractor is performing the recovery, the technician is to get the following information and return it to the Compliance Administrator:

NAME OF COMPANY: _____

NAME OF TECHNICIAN: _____

- ☐ COPY OF EPA UNIVERSAL CARD
- ☐ COMPLETED SRP SERVICE FORM

NAME OF TECHNICIAN WHO MET WITH CONTRACTOR AT START AND END OF RECOVERY/REMOVAL:

START: _____ DATE: _____

END: _____ DATE: _____

ADDITIONAL COMMENTS