UM HVAC

SERVICE ORDER FORM

Service WO#: _____

Date Issued: _____ **Completed:** _____

Technician(s) _____

BLDG: _____
Location: _____
PM No: _____
MFR/MN: _____
Serial No: _____

WRQ Desc:

☐ **Appliance ≥ 50 lbs of Refrigerant:**
☐ **Appliance < 50 lbs of Refrigerant:**

Service Description

☐ Isolated Leak
☐ Non-Major Maintenance
☐ Major Maintenance

☐ Disposed Unit

disposed unit then complete the following boxes:

☐ Refrigerant Recovered
☐ Unit Tagged - "Refrigerant Recovered"

Recovery Unit: _____

Vacuum Level:

☐ 0 ☐ 10 ☐ 15 ☐ 28.2 Inches

☐ Recovery Terminated (Air)
☐ Transferred to Receiver/Condenser, or Pump Out Unit
☐ Unit Flat at "0" psi could not recover

Service Description Notes

Refrigerant	**Cylinder ID**	**Type**	**Condition**	**Quantity**
Recovered				
			Total Recovered:	
Added				
	☐ **Startup Charge**		**Total Added:**	

☐ Refrigerant Conversion From: To:

☐ Accidental Release Occurred Estimated Amount Released: _____

Description: _____

Leaks

☐ Leak Found Date: _____

☐ Leak Repaired Date: _____

☐ Initial Leak Verification Test Date: _____

Test done after repair before charging. Method: _____

☐ Follow-up Verification Test Date: _____

Test done with unit running under normal load. Method: _____

Leak Notes: **Exact location of leak and description of how repaired.**

☐ Trace Gas Used
Refrigerant:
Cylinder ID: Quantity:

REVIEWED BY: DATE: