

Project Name _____	BLDG: _____
Date Issued: _____ Completed: _____	Location: _____
Contractor _____	PM No: _____
	MFR/MN: _____
	Serial No: _____

Desc:

-
- Appliance ≥ 50 lbs of Refrigerant:
-
-
- Appliance < 50 lbs of Refrigerant:

Service Description <input type="checkbox"/> New Charge in Unit <input type="checkbox"/> Non-Major Maintenance <input type="checkbox"/> Major Maintenance	Recovery Unit: _____
<input type="checkbox"/> Disposed Unit <i>disposed unit then complete the following boxes:</i> <input type="checkbox"/> Refrigerant Recovered <input type="checkbox"/> Unit Tagged - "Refrigerant Recovered"	Vacuum Level: <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 28.2 Inches
<input type="checkbox"/> Recovery Terminated (Air) <input type="checkbox"/> Transferred to Receiver/Condenser, or Pump Out Unit <input type="checkbox"/> Unit Flat at "0" psi could not recover	

Service Description Notes

<u>Refrigerant</u>	Cylinder ID	Type	Condition	Quantity
Recovered				
Added				
<input type="checkbox"/> Startup Charge			Total Added:	

 Refrigerant Conversion From: _____ To: _____

Refrigerant Sourced: *For refrigerant purchased thru non-UM channels, provide vendor information including invoice #, dates, etc. as applicable*

Vendor Name: _____

Vendor Address: _____

PO/Invoice Info: _____

Copies of refrigerant purchase records (receipts/invoices/bills of lading etc.) are attached

Refrigerant Disposal: *For refrigerants/oil disposed of thru non-UM channels, provide vendor information including invoice #, dates, etc. as applicable*

Vendor Name: _____

Vendor Address: _____

PO/Invoice Info: _____

Copies of disposal and/or reclamation contractor receipts, invoices are attached

I certify all refrigerant was acquired, handled, removed, and/or disposed of to licensed reclamation facility in accordance with EPA regulations:

Name: _____ Signature: _____

REVIEWED BY: _____	DATE: _____
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