

# REFRIGERANT MANAGER INPUT FORM

## THE UNIVERSITY OF MICHIGAN



### Appliance Input Info.

Date: \_\_\_\_\_  
 Service By: \_\_\_\_\_  
 Building: \_\_\_\_\_  
 Appliance: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Appliance Type: \_\_\_\_\_  
 Manufacture: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Serial #: \_\_\_\_\_  
 Volts/PH/HZ: \_\_\_\_\_  
 Charge: Lbs. \_\_\_\_\_ Oz. \_\_\_\_\_  
 Method Used to Determine Charge: \_\_\_\_\_  
 Refrigerant Type: \_\_\_\_\_  
 Lubricant: \_\_\_\_\_  
 Duty Type:  Comfort  Commercial  Under 50-lbs.  Other  
 Leak Rate Alert:  15%  35%  Other  %  
 Capacity: \_\_\_\_\_ BTUH / Tons (circle one)  
 Installed: \_\_\_\_\_ By: \_\_\_\_\_  
 Disposed: \_\_\_\_\_ By: \_\_\_\_\_

Appliance Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Service Work Info.

Service Request:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Refrigerant:

<p><b>ADD</b>                  Qty: _____ Lbs. _____ Oz.                  Condition:  <input type="checkbox"/> New  <input type="checkbox"/> Recovered  <input type="checkbox"/> Reclaimed  <input type="checkbox"/> Recycled                  Cylinder ID:                  _____                  _____                  _____</p>	<p><b>REMOVE</b>                  _____ Lbs. _____ Oz.    <input type="checkbox"/> Recovered                    Cylinder ID:                  _____                  _____                  _____</p>
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Recovery/Recycle Unit #  
 \_\_\_\_\_

<p>Refrigerant Discharge      Notes:  <input type="checkbox"/> Unintentional Vent or Leaks  <input type="checkbox"/> Lbs. _____ Oz.                  Or <input type="checkbox"/> OK- Deminimus</p>	<div style="border: 1px solid black; height: 100px;"></div>
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### Refrigerant Cylinder Input Info.

CylinderID: \_\_\_\_\_  
 Refrigerant Type: \_\_\_\_\_  
 Cylinder Size: \_\_\_\_\_  
 Current Level: \_\_\_\_\_ Lb. \_\_\_\_\_ Oz.  
 Refrigerant Condition:  
 New  
 Recycled  
 Contaminated  
 Reclaimed  
 Recovered  
 Cylinder Assigned To: \_\_\_\_\_      Type of Cylinder: \_\_\_\_\_  
 Vehicle       Refillable  
 Building       Returnable  
 Technician       Disposable  
 Recycling Center  
 Location  
 Assigned To Name: \_\_\_\_\_  
 Purchased Date: \_\_\_\_\_  
 Date Retired: \_\_\_\_\_

<p>Leaks:  <input type="checkbox"/> Leak Tested  <input type="checkbox"/> Leak Found  <input type="checkbox"/> Leak Isolated  <input type="checkbox"/> Leak Repaired</p>	<p>Notes:  <div style="border: 1px solid black; height: 80px;"></div></p>
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Other:  
 Vacuum: \_\_\_\_\_ inches / microns (circle one)

<input type="checkbox"/> Check Charge	<input type="checkbox"/> Minor Maintenance
<input type="checkbox"/> Dispose of Unit	<input type="checkbox"/> Major Maintenance
<input type="checkbox"/> Remove from Service	<input type="checkbox"/> Upgrades Installed

Service Work Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_