



Refrigerant Service Input Form

WORK ORDER #: _____ FACILITY: _____

DATE ISSUED: _____ DATE COMPLETED: _____ LOCATION: _____

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

MODEL: _____ MFG: _____

SERIAL #: _____

REF. TYPE: _____ 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 | ☐ Transferred to receiver/condenser, or pump out unit |
| ☐ Recovery only | ☐ Dispose of Unit |
| ☐ Recovery stopped (air) | ☐ Annual Refrigerant Monitor tested |
| ☐ Unit flat at "O" PSIG, could not recover | ☐ PM Leak Test |
| ☐ Minor Maintenance (PM) | |
| ☐ Major Maintenance (Repair and/or Replace) | |
- DATE _____ METHOD _____

RECOVERY/RECYCLING UNIT: _____

SCALE ID #: _____

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
TOTAL ADDED:				LBS	OZ
☐ New Unit Startup Charge				LBS	OZ

LEAKS

☐ Leak Found

DATE: _____

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

☐ 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