Georgia Tech Refrigerant Reporting Form

(For equipment normally containing ≥ 50 lbs. of refrigerant)

Refrigeration Equipment Information

Equipment Name/Description: _______________________ Refrigerant Type: _____________________

Equipment Location (Building Name/Floor): _________________________________________________

Work Order Number: ______________________

Describe the action that was performed. (Leak? Replaced compressor? Seal repaired? Recovered refrigerant? Refrigerant added? Etc. Use back of form if more description is needed.)

______________________________________________________________________________________

______________________________________________________________________________________

Was a leak found? □ Yes □ No Mothballing equipment? □ Yes □ No

Retiring Equipment? □ Yes □ No

Date original leak found: _______________ Date leak repaired: ___________________________

Initial leak verification test date: _____________ Follow up leak verification test date: _____________

Trace gas used? □ Yes □ No Type of trace gas: __________________________

Was refrigerant: □ Added? □ Recovered?

Quantity: _______________ lbs. Vacuum level achieved? _______________________

Who performed the service (Technician’s Name and/or Contractor Name & Company):

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Submit this form to GT EHS, c/o:

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Sr. Manager, Environmental Programs
Office: (404) 385-6763
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Ryan Lisk, MPH
Environmental Programs Officer
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Facsimile: (404) 894-5042
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Atlanta, GA 30318

*Please keep a copy for your own records.*

If a contractor performed this service, attach a copy of the contractor’s invoice.

Revised: 1/30/2015