



# Washington University - Danforth Campus Refrigerant Compliance Service Form

Instructions on Reverse; Return Completed Forms to HVAC Services.

### General Information

Work Order Number: \_\_\_\_\_  
Service Date: \_\_\_\_\_  
Technician Name: \_\_\_\_\_  
Company/Department: \_\_\_\_\_  
Technician Certification#: \_\_\_\_\_  
Technician Certification Type: \_\_\_\_\_  
Valid for Appliance: \_\_\_\_\_ Y / N

### Appliance Information

Equipment ID: \_\_\_\_\_  
Circuit Number: \_\_\_\_\_  
Zone Color: \_\_\_\_\_  
Building: \_\_\_\_\_  
Area/Room Number: \_\_\_\_\_  
Refrigerant Type: \_\_\_\_\_  
Full Charge, if known: \_\_\_\_\_ lb

### Repair Information:

- Y / N Leak Identified
- Major service/repair (involves removal of compressor, condenser, evaporator, or auxiliary heat exchange coil of an appliance; or any repair that involves uncovering an opening of > 4 square inches of "flow area" for > 15 minutes)
  - Minor service/repair
- Y / N Did repair require opening and evacuation of refrigerant from the appliance?  
Y / N Was recovery/recycle equipment used EPA-certified for refrigerant type?  
Y / N Was required evacuation level achieved prior to repair/service?

### Refrigerant Usage

Added: \_\_\_\_\_ lb oz  
Cylinder ID: \_\_\_\_\_  
Removed: \_\_\_\_\_ lb oz  
Cylinder ID: \_\_\_\_\_  
Recovery Unit Used: \_\_\_\_\_  
Date Refrigerant Added to Equipment  
(repair completed): \_\_\_\_\_

### Repair Details

Detailed description of leak locations within  
appliance (identify specific parts that are leaking):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Repair Window Extension

If repair is not able to be completed within 30  
days, outline reason why extension is required  
(see instructions):  
\_\_\_\_\_  
\_\_\_\_\_

Detailed description of repairs made to each part  
noted above:  
\_\_\_\_\_  
\_\_\_\_\_

### Initial Verification Test

Location of repairs tested:  
\_\_\_\_\_  
Leak test method used: \_\_\_\_\_  
Date of Test: \_\_\_\_\_  
Result: \_\_\_\_\_ Pass / Fail

### Follow-up Verification Test

Location of repairs tested:  
\_\_\_\_\_  
Leak test method used: \_\_\_\_\_  
Date of Test: \_\_\_\_\_  
Result: \_\_\_\_\_ Pass / Fail

**For questions, please call HVAC Services.**

## Instructions for Refrigeration Compliance Service Form

### General Information:

1. Enter the Work Order Number, if applicable.
2. Enter the Service Date as the first date reports of a problem were noted.
3. Include the name, company or department (within WU), and certification type of the technician who completed the job. Certification Types are as follows: Type I - servicing small appliances (<5 lb charge); Type II - servicing or disposing of high- or very high-pressure appliances, except small appliances and MVACs; Type III - servicing or disposing of low-pressure appliances; and Universal - servicing all types of equipment.
4. Verify that the technician type is appropriate for the appliance being serviced.

### Appliance Information:

1. Enter the Equipment ID as noted in the Refrigerant Tracking Tool and as posted on the appliance.
  - a. Utilities ID Numbers have the format B###-####-C (C is the circuit number or letter designation).
  - b. Facilities ID Numbers have the format BLD-TYP#-C.
    - i. BLD is the building code (ex. LEW=Lewis Center).
    - ii. TYP# is the type of unit with a number, if there are multiple units (ex. RTU1).
    - iii. C is the circuit number or letter designation.
2. Enter the circuit number.
3. Enter the Zone Color (Facilities only), the building name, and the area or room number to further identify the unit.
4. Enter the refrigerant type of the unit and full charge (lb) of the circuit being serviced, if known.

### Repair Information:

1. Circle Yes (Y) or No (N) indicating whether a leak was found. If refrigerant was added and no leak was found, documentation of the reason for the addition must include whether it was from a seasonal variance (addition/removal within 12 months) or other leaks must be below the allowable leak rates.
2. Check either Major Service or Minor Service.
3. Circle Yes (Y) or No (N) for the three questions related to evacuation practices.

### Refrigerant Usage:

1. Enter the amount of new refrigerant added to the appliance. Exclude any refrigerant that was removed and added back to the appliance during the repair.
2. Enter the amount of refrigerant recovered from the appliance that was sent for disposal or reclamation, if applicable.
3. Enter the Cylinder ID Number for the recovered refrigerant. Also, note the addition on the refrigerant cylinder tag.
4. Indicate the date that refrigerant was added to the appliance following repair. The elapsed time from the date service is initiated until the repair is made cannot exceed 30 days without a valid extension and notification (see below).

### Repair Details:

1. Clearly identify each part of the appliance that was repaired. If multiple leaks were found and repaired, list each part separately.
2. Clearly document how each leak was repaired (ex. welded hole in compressor, replaced piping). The repair list should match the part list in item 1.

### Repair Window Extension:

1. If the repairs cannot be completed within 30 days, please explain the delay with respect to the allowable extensions:
  - a. If the unit is mothballed (refrigerant removed and left out-of-service), indicate the date the refrigerant is removed and the date it is returned to service.
  - b. If the appliance is located in an area subject to radiological contamination or shutting down the appliance will directly lead to radiological contamination, note how much time will be required to conduct and finish repairs in a safe environment. Notify EH&S to initiate required reporting.
  - c. If components that must be replaced as part of the repair are not available within 30 days, note when the parts are due to arrive/be installed. Notify EH&S to initiate required reporting.

### Verification Tests:

1. For the initial verification test (conducted prior to recharging/restarting the appliance), indicate the date of test (must match the date that refrigerant was added under Refrigerant Usage, Item 4), the exact location(s) tested, the leak detection method used, and whether the repair passed the test.
2. For the follow-up verification test (conducted once the unit is operating under normal conditions), indicate the date of test (must be within 10 days of the initial verification test), the exact location(s) tested, the leak detection method used, and whether the repair passed the test.
3. In the case of failed verification tests, repairs can continue to be conducted within the 30 day repair period and verification tests can continue to be conducted as outlined in Items 1. and 2. until successful (within the allowable timelines).
4. Possible verification test methods include: pressure test, vacuum test, soap bubble test, electronic leak detector, ultrasonic leak detector, fluorescent dye and black light, infrared or near infrared tests, or handheld gas detection device.