



FORM 3: FOLLOW-UP LEAK VERIFICATION TEST

(Post-repair, post-recharge)

I. Appliance Description- Asset Number _____ or fill out Section I.

- A. Full charge of appliance: ___lbs. ___oz.
- B. Refrigerant type: _____
- C. Make & model of appliance: _____
- D. Serial Number: _____
- E. Location of appliance: _____
- F. Responsible FSU department: _____

II. Test Description

- A. Test date: ___/___/___
- B. Work order: _____
- C. Date of initial leak discovery: ___/___/___
- D. Date of successful Initial Leak Verification Test completion: ___/___/___
- E. Method of leak test: _____
- F. Equipment used for leak test: _____
- G. Leak test results & leak rate %: _____
- H. Was this test completed within 10 days of a successful initial leak test? Yes / No

If no, provide a brief description of the issue:

- I. Was this the first occurrence of the follow-up leak test in response to the leak? Yes / No
If no, how many times has this test been conducted previously? ____
- J. According to test results, is the leak(s) repaired? Yes / No
If no, describe course of action and estimated dates for completion in Section IV.
- K. Accidental release of refrigerant during maintenance? Yes / No
If yes, approximate amount released: ___lbs. ___oz.

III. Refrigerant Added

- A. Date of addition: ___/___/___
- B. Quantity added: ___lbs. ___oz.
- C. Refrigerant type: _____

IV. Future Action & Additional Notes:

Technician Name (printed)

Technician Signature

Company Name

Date

Submit completed form to FSU Refrigerant Compliance Manager, Omar Baltodano at obaltodano@fsu.edu or 969 Learning Way, Mendenhall A Building, office 115B, Tallahassee, FL, 32306. Contact (850) 7564362.