



FORM 7: LARGE APPLIANCE 125% LEAK REPORTING

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. Leak Information

- A. Applicable calendar year: January 1, _____ - December 31, _____
- B. Total number of repairs attempted in applicable year: _____
- C. Total leak rate % (during applicable calendar year): _____
- D. Method(s) used to determine leak rate: _____
- E. Equipment used to determine leak rate: _____
- F. Date 125% leak threshold was exceeded: ____/____/____
- G. Location of leak(s) on appliance (if applicable): _____

- H. Any revisions of the full charge, how they were determined, and the dates such revisions occurred (if applicable):

III. Additional Required Documentation (to be attached prior to submission)

- *Form 6: Large Appliance Retrofit or Retirement Plan*
- Schedule for completion of retrofit or retirement to be executed within one year.
- All records of repair attempts, completed repairs, and leak reports for the previous three years until the date of plan submission (all instances of *Forms 1, 2, and 3* associated with this appliance).
- If applicable, itemized procedure for converting the appliance to a different refrigerant, including changes required for compatibility with the new substitute.

FSU Representative Name (printed)

Representative's Signature

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.