FORM 1: SCHEDULED PREVENTATIVE MAINTENANCE/ CORRECTIVE MAINTENANCE

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. Building name & number: ____________________________ Zone: ___
   F. Responsible FSU department: ____________________________

II. Maintenance Description
   Large & Medium Appliances:
   A. Date of maintenance: ___/___/___
   B. Work order: ____________________________
   C. Description of maintenance issue (i.e. PM, leak, shut-down, etc.):

   Estimated date for starting repair: ___/___/___
   Estimated date of completion: ___/___/___

   Large Appliances Only:
   D. Is this maintenance a response to a refrigerant leak? Yes / No
      If yes, when was the initial leak detected? ___/___/___
   E. Is this a quarterly follow-up inspection in response to a 10%+ leak? Yes / No
      If yes, how many quarterly follow-ups have been completed including this inspection? 1 / 2 / 3 / 4
   F. Method of leak rate calculation: ____________________________
   G. Equipment used for leak test: ____________________________
   H. Leak test results & leak rate %: ____________________________
   I. Does leak rate exceed 10%? Yes / No
      If yes, and this is a large appliance, appliance must undergo 1) repair, 2) Initial Leak Verification Test within 30 days of leak discovery (see Form 2), and 3) a Follow-up Leak Verification Test (see Form 3) within 10 days of the Initial Leak Verification Test.
   J. Accidental release of refrigerant during maintenance? Yes / No
      If yes, approximate amount released: ___ lbs. ___ oz.

III. Refrigerant Tracking
   A. Was refrigerant added or removed during this maintenance? Yes / No
   B. If yes, date(s) of addition or removal: ___/___/___
   C. If refrigerant was removed but never added during this maintenance:
      Company/person that completed disposition: ____________________________
      Method of disposition (circle one): Recovered / Reused / Recycled / Reclaimed / Other disposal method
Equipment used for removal (if applicable):  

Quantity removed (if applicable): ___ lbs. ___ oz.  Quantity added (if applicable): ___ lbs. ___ oz.  Refrigerant type:  

IV. Future Action & Additional Notes:  

______________________________________________  

__________________________________________________________________________________________  

Technical 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) 756-4362.