



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:

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.