FORM 2: INITIAL LEAK VERIFICATION TEST
(Post-repair, pre-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. Method of leak test: ________________________________
   E. Equipment used for leak test: ________________________________
   F. Leak test results & leak rate %: ________________________________
   G. Was this test completed within 30 days of initial leak? Yes / No
      If no, indicate why test could not be completed within 30 days:
      ______________________________________________________
      ______________________________________________________
      ______________________________________________________
   H. Was this the first occurrence of the Initial Leak Verification Test in response to the leak? Yes / No
      If no, how many times has this test been conducted previously? _____
   I. According to test results, is the leak(s) repaired? Yes / No
      If no, describe course of action and estimated dates for completion in Section III.
   J. Accidental release of refrigerant during maintenance? Yes / No
      If yes, approximate amount released: _____lbs. _____oz.

III. 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.