I. Appliance Description- Asset Number _______________ or fill out Section I.
   A. Full charge of appliance: ___ lbs. ___ oz.
   B. Current charge of appliance: ___ lbs. ___ oz.
   C. Refrigerant type: ____________________________
   D. Make & model of appliance: ______________________
   E. Serial Number: ________________________________
   F. Location of appliance: __________________________
   G. Responsible FSU department: ______________________
   H. Reason for disposal: ____________________________

II. Refrigerant Description
   A. Date of removal: ___/___/ ___
   B. Quantity of refrigerant removed: ___ lbs. ___ oz.
   C. Refrigerant type: ____________________________
   D. Responsible party/contractor for removing refrigerant: ________________________________
   E. Method of removal: __________________________
   F. Equipment used: ______________________________
   G. Accidental release of refrigerant during maintenance? Yes / No
      If yes, approximate amount release: _____ lbs. _____ oz.

III. Disposition Description
   A. Date of disposition: ___/___/ ___
   B. Quantity of refrigerant being dispositioned: ___ lbs. ___ oz.
   C. Method of disposition (circle one): Recovered / Reused / Recycled / Reclaimed / Other disposal method
   D. Location of storage OR company handling disposition: ________________________________

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.