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.