

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?
- 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 <u>obaltodano@fsu.edu</u> or 969 Learning Way, Mendenhall A Building, office 115B, Tallahassee, FL, 32306. Contact (850) 7564362.