

FORM 5: MEDIUM & LARGE APPLIANCE INSTALLATION INFORMATION

I.	Appliance Description- Asset Number	r or fill out S	ection I.
A.	A. Full charge capacity of appliance:lbsoz.		
В.	3. Initial charge of appliance:lbsoz.		
C.	C. Refrigerant type:		
D.	D. Make & Model of Appliance:		
E.	Serial Number:		
F.	Location of appliance:		
G.	G. Responsible FSU department:		
II.	Appliance Description		
A.	A. Date of installation://		
В. С.	and the second s		
	If yes, approximate amount released:lbs	ozoz.	
	If this is a replacement appliance, complete Form 4: Medi	um & Large Appliance Disposal Information.	
III.	Future Action & Additional Notes:		
Technici	nician Name (printed) Technician Signatur	e 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.