FORM 5: MEDIUM & LARGE APPLIANCE INSTALLATION INFORMATION

I. Appliance Description- Asset Number ______________ or fill out Section I.
   A. Full charge capacity of appliance: ___ lbs. ___ oz.
   B. Initial charge of appliance: ___ lbs. ___ oz.
   C. Refrigerant type: _____________________________
   D. Make & Model of Appliance: _____________________
   E. Serial Number: _______________________________
   F. Location of appliance: __________________________
   G. Responsible FSU department: ____________________

II. Appliance Description
   A. Date of installation: ___/___/___
   B. Is this a replacement appliance or a new installation? Replacement / New installation
   C. Accidental release of refrigerant during maintenance? Yes / No
      If yes, approximate amount released: ______ lbs. ______ oz.

      If this is a replacement appliance, complete Form 4: Medium & Large Appliance Disposal Information.

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.