



## FORM 3: FOLLOW-UP LEAK VERIFICATION TEST

(Post-repair, post-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. Date of successful Initial Leak Verification Test completion: \_\_\_\_/\_\_\_\_/ \_\_\_\_
- E. Method of leak test: \_\_\_\_\_
- F. Equipment used for leak test: \_\_\_\_\_
- G. Leak test results & leak rate %: \_\_\_\_\_
- H. Was this test completed within 10 days of a successful initial leak test? Yes / No

If no, provide a brief description of the issue:

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- I. Was this the first occurrence of the follow-up leak test in response to the leak? Yes / No  
If no, how many times has this test been conducted previously? \_\_\_\_
- J. According to test results, is the leak(s) repaired? Yes / No  
If no, describe course of action and estimated dates for completion in Section IV.
- K. Accidental release of refrigerant during maintenance? Yes / No  
If yes, approximate amount released: \_\_\_\_lbs. \_\_\_\_oz.

### III. Refrigerant Added

- A. Date of addition: \_\_\_\_/\_\_\_\_/ \_\_\_\_
- B. Quantity added: \_\_\_\_lbs. \_\_\_\_oz.
- C. Refrigerant type: \_\_\_\_\_

### IV. Future Action & Additional Notes:

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Technician Name (printed)

Technician Signature

Company Name

Date

Submit completed form to FSU Mechanical Shop Supervisor, Russ Cooper at [rcooper@fsu.edu](mailto:rcooper@fsu.edu) or 969 Learning Way, Mendenhall A Building, office 115B, Tallahassee, FL, 32306. Contact (850) 591-8803.