

Installing / Replacing Refrigerant Containing Equipment

An Appliance Input Form shall be completed by installing Contractor for each piece of equipment containing any type Refrigerant installed during this project.

Form to be supplied by Tarrant County Facilities Management and shall contain at a minimum the following, Facility Name, Appliance Name, Appliance Location, Appliance Type, Appliance Manufacturer, Model Number, Serial Number, Duty Type, Refrigerant Type, Refrigerant Charge, Method used to Determine Charge, Horsepower, Lubricant, Capacity, Volts/Phase/Hertz, Required Certification Level, Date Installed, Installer Name

Replacement / Removal / Demolition of Existing Refrigerant Containing Equipment

An Appliance Service Order Form shall be completed by Contractor when removal from service or demolition of any Refrigerant containing equipment is required during this Project.

Form to be supplied by Tarrant County Facilities Management and shall contain at a minimum the following, Removing / Demo Contractor, Technician Name, Facility Name, Appliance Location, Appliance ID, Appliance Manufacturer, Model #, Serial #, Refrigerant Type, Quantity of Refrigerant Removed, Condition of Refrigerant Removed, Recovery Cylinder ID.

An Environmental Disposal Tag shall be completed by Contractor when Refrigerants and Oils are removed from equipment during this Project.

Form to be supplied by Tarrant County Facilities Management and shall contain at a minimum the following, Removing Technician's Name, Contractor Name, Contractor Address, Contractor Phone #, Date

Tarrant County Refrigerant Service Form

Service REQ#: _____ _____ Date Started: _____ Date Completed: _____ Technician(s): _____ _____ _____	Facility: Tarrant County Location: _____ Appliance ID: _____ Sub Location _____ Model: _____ Manufacturer _____ Serial #: _____ Refrigerant Type: _____ Charge: _____ lbs _____ oz
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Service Request –

Service Description - Briefly describe what you found upon arrival at the unit. Recovery Unit used Yes___ No___

<input type="checkbox"/> Isolated Leak	<input type="checkbox"/> Minor Maintenance	EPA Recovery Vacuum: "0" "10" "15" Inches 25mm " R- 11,123 <small>Don't record vacuum pump levels</small>
<input type="checkbox"/> Dispose of Unit	<input type="checkbox"/> Major Maintenance	

Recovery stopped, (Air) Transferred to receiver/ condenser, or pump out unit. Unit flat at "0" psig could not recover

Refrigerant	Cylinder ID if TCFM supplied	Type	Condition	Quantity
<u>Recovered</u>				Lbs oz
				Lbs oz
				Lbs oz
				Lbs oz
<u>Added</u> <small>No cylinder Id # if Contractor supplied</small>				Lbs oz
				Lbs oz
				Lbs oz
	<input type="checkbox"/> New Unit Startup Charge			Lbs oz

Leaks <input type="checkbox"/> Leak Found Date: _____ <input type="checkbox"/> Leak Repaired Date: _____ <input type="checkbox"/> Initial Leak Verification Test Date: _____ <small>Test done after repair before charging</small> Method: _____ <input type="checkbox"/> Follow-up Verification Test Date: _____ <small>Test done with unit running under normal load</small> Method: _____	Leak Notes: Exact location of leak and description of how repaired
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Trace Gas Used R-Type: _____ Cylinder ID _____ Quantity _____ Lbs _____ oz _____

Accidental Release Occurred Description of accident: _____

Estimated Amount Released _____ lbs _____ oz

ENVIRONMENTAL DISPOSAL TAG

ENVIRONMENTALLY HARMFUL REFRIGERANTS AND OIL
HAVE BEEN REMOVED FROM THIS UNIT IN
COMPLIANCE WITH SECTION 608 OF THE CLEAN AIR ACT

REMOVED BY: (PRINT) _____

COMPANY NAME: (PRINT) _____

ADDRESS: (PRINT) _____

TELEPHONE: _____ DATE: __ / __ / __

SIGNATURE _____