

Georgia Tech Refrigerant Reporting Form

(For equipment normally containing ≥ 50 lbs. of refrigerant)

Refrigeration Equipment Information

Equipment Name/Description: _____ Refrigerant Type: _____

Equipment Location (Building Name/Floor): _____

Work Order Number: _____

Describe the action that was performed. (*Leak? Replaced compressor? Seal repaired? Recovered refrigerant? Refrigerant added? Etc. Use back of form if more description is needed.*)

Was a leak found? **Yes** **No** Mothballing equipment? **Yes** **No**

Retiring Equipment? **Yes** **No**

Date original leak found: _____ Date leak repaired: _____

Initial leak verification test date: _____ Follow up leak verification test date: _____

Trace gas used? **Yes** **No** Type of trace gas: _____

Was refrigerant: **Added?** **Recovered?**

Quantity: _____ lbs. Vacuum level achieved? _____

Who performed the service (Technician's Name and/or Contractor Name & Company):

Signature _____

Print Name _____

Date _____

Area/Shop _____

Supervisor Signature _____

Submit this form to GT EHS, c/o:

David Marder
Sr. Manager, Environmental
Programs
Office: (404) 385-6763
david.marder@ehs.gatech.edu

Ryan Lisk, MPH
Environmental Programs Officer
Office: (404) 385-9531
ryan.lisk@ehs.gatech.edu

Facsimile: (404) 894-5042
490 10th St. NW, 3rd Floor
Atlanta, GA 30318

Please keep a copy for your own records.

If a contractor performed this service, attach a copy of the contractor's invoice.