



ALDI Refrigerant Tracking Form

Store Number		Date of Service	
System Name	Model #	Serial #	Work Order #
Was refrigerant used?		Technician Name	
		Company Name	
		EPA Cert #	
If yes, indicate Refrigerant Type (check one)		Leak Status	
<input type="checkbox"/> HCFC-22	<input type="checkbox"/> R-402A (HP-80)	<input type="checkbox"/> R-408A	Amount Added (lbs)
<input type="checkbox"/> N-22	<input type="checkbox"/> R-404A (HP-62)	<input type="checkbox"/> R-410A (AZ-20)	Amount Recovered (lbs)
<input type="checkbox"/> R-22	<input type="checkbox"/> R-407A	<input type="checkbox"/> R-422D	Did the Customer Provide Refrigerant?
<input type="checkbox"/> R-401A (MP-39)	<input type="checkbox"/> R-407C	<input type="checkbox"/> R-502	Cust. Amount Added (lbs)
<input type="checkbox"/> R-401B (MP-66)	<input type="checkbox"/> R-407F	<input type="checkbox"/> R-507 (AZ-50)	Cust. Amount Recovered (lbs)

Leak Location: Check One Location in the Appropriate Column

Compressor	Discharge Line	Condenser	Receiver	Liquid Line	Evaporator	Suction Line	Other
<input type="checkbox"/> Body or Terminal Lungs <input type="checkbox"/> Fittings <input type="checkbox"/> Oil Float <input type="checkbox"/> Pressure Control Transducer <input type="checkbox"/> Schrader <input type="checkbox"/> Shaft Seal <input type="checkbox"/> Vibration Eliminator <input type="checkbox"/> Service Valve	<input type="checkbox"/> Ambient Valve <input type="checkbox"/> Ball Valve <input type="checkbox"/> Check Valve <input type="checkbox"/> Header <input type="checkbox"/> Heat Reclaim Coil <input type="checkbox"/> Hot Gas Bypass <input type="checkbox"/> Muffler <input type="checkbox"/> Schrader <input type="checkbox"/> Piping <input type="checkbox"/> Pressure Control Transducer <input type="checkbox"/> Pressure Regulating Valves <input type="checkbox"/> Oil Separator/Res	<input type="checkbox"/> Ball Valve <input type="checkbox"/> Coil <input type="checkbox"/> Header/ Piping <input type="checkbox"/> Schrader <input type="checkbox"/> Splitting Valve <input type="checkbox"/> Tube <input type="checkbox"/> Bundle (Water Cooled) <input type="checkbox"/> Pressure Control Transducer	<input type="checkbox"/> King Valve <input type="checkbox"/> Level Indicator/ Alarm <input type="checkbox"/> Pressure Relief Valve	<input type="checkbox"/> Ball Valve <input type="checkbox"/> Differential Valve <input type="checkbox"/> Drier <input type="checkbox"/> Piping/ Header <input type="checkbox"/> Pump <input type="checkbox"/> Schrader <input type="checkbox"/> Sight Glass <input type="checkbox"/> Solenoid Valve <input type="checkbox"/> Sub Cooler <input type="checkbox"/> Pressure Control Transducer <input type="checkbox"/> Manual Lift Stem	<input type="checkbox"/> Ball Valve <input type="checkbox"/> Coil <input type="checkbox"/> Distributor <input type="checkbox"/> Piping <input type="checkbox"/> Schrader <input type="checkbox"/> Expansion Device-TXV, Float, Cap Tube	<input type="checkbox"/> Accumulator <input type="checkbox"/> CPR <input type="checkbox"/> EPR <input type="checkbox"/> Filter Shell <input type="checkbox"/> Schrader <input type="checkbox"/> Ball Valve <input type="checkbox"/> Piping/ Header <input type="checkbox"/> Pressure Control Transducer Suction Valve (stop)	<input type="checkbox"/> No Leak Identified <input type="checkbox"/> Nothing Added <input type="checkbox"/> Start up/ New System <input type="checkbox"/> Explain in Comments

Technician Comments:

Fault Code (Check one)	Action Code (Check one)	Initial Leak Detection Method
<input type="checkbox"/> Braze or Joint Failure <input type="checkbox"/> Corrosion <input type="checkbox"/> Faulty Part <input type="checkbox"/> Gasket Seal Failure <input type="checkbox"/> Line Break <input type="checkbox"/> Missing Part <input type="checkbox"/> Misuse and Abuse <input type="checkbox"/> Normal Mechanical Wear <input type="checkbox"/> Other *Must Explain <input type="checkbox"/> Vandalism <input type="checkbox"/> Vibration Related <input type="checkbox"/> Weather Damage	<input type="checkbox"/> Isolated Leaking Part from System <input type="checkbox"/> Re-soldered <input type="checkbox"/> Replaced Gasket or Seal <input type="checkbox"/> Replaced Part <input type="checkbox"/> Replaced Unit <input type="checkbox"/> Tightened Connection <input type="checkbox"/> Top Off from Previous Repair <input type="checkbox"/> Welded Line	<input type="checkbox"/> Bubbles <input type="checkbox"/> Dye Injection <input type="checkbox"/> Electronic/ Ultrasonic <input type="checkbox"/> Pressure <input type="checkbox"/> Evacuation <input type="checkbox"/> N/A
		Follow-up Leak Check Method
		<input type="checkbox"/> Bubbles <input type="checkbox"/> Dye Injection <input type="checkbox"/> Electronic/ Ultrasonic <input type="checkbox"/> Pressure <input type="checkbox"/> Evacuation <input type="checkbox"/> N/A

Verisae Refrigerant Reference Number:

A unique reference number is issued once a refrigerant event is recorded in the Verisae website.
 This number must be supplied on your invoice in order to ensure payment for any refrigerant gas used.

