



REFRIGERANT USAGE FORM

Work Order #	Ticket #	REFRIGERANT TYPE	
Customer Name	Store Number	<input type="checkbox"/> R-22	<input type="checkbox"/> R-408A
Dispatch Date	Date of Service	<input type="checkbox"/> R-422A	Other _____
		<input type="checkbox"/> R-404A (HP62)	<input type="checkbox"/> R-402A (HP80)
		<input type="checkbox"/> R-507 (AZ50)	<input type="checkbox"/> R-401A (MP39)
		<input type="checkbox"/> R-422D	<input type="checkbox"/> R-134A
SYSTEM RACK / ID	SYSTEM DESIGN CHARGE (lbs)	AMOUNT ADDED (lbs)	AMOUNT RECOVERED
MODEL #	SERIAL #	REFRIGERATION <input type="checkbox"/> HVAC <input type="checkbox"/>	

Leak Location: Check One Location in the Appropriate Column							
Compressor	Discharge Line	Condenser	Receiver	Liquid Line	Evaporator	Suction Line	Other
<input type="checkbox"/> Body	<input type="checkbox"/> Ambient Valve	<input type="checkbox"/> Ball Valve	<input type="checkbox"/> King Valve	<input type="checkbox"/> Ball Valve	<input type="checkbox"/> Ball Valve	<input type="checkbox"/> Accumulator	<input type="checkbox"/> No Leak Identified
<input type="checkbox"/> Fittings	<input type="checkbox"/> Ball Valve	<input type="checkbox"/> Coil	<input type="checkbox"/> Level Indicator/Alarm	<input type="checkbox"/> Differential Valve	<input type="checkbox"/> Coil	<input type="checkbox"/> CPR	<input type="checkbox"/> Nothing added
<input type="checkbox"/> Oil Float	<input type="checkbox"/> Check Valve	<input type="checkbox"/> Header	<input type="checkbox"/> Pressure Relief Valve	<input type="checkbox"/> Drier	<input type="checkbox"/> Distributor	<input type="checkbox"/> EPR	<input type="checkbox"/> Start up New System
<input type="checkbox"/> Pressure Control	<input type="checkbox"/> Header	<input type="checkbox"/> Piping		<input type="checkbox"/> Piping / Header	<input type="checkbox"/> Piping	<input type="checkbox"/> Filter Shell	
<input type="checkbox"/> Schrader	<input type="checkbox"/> Heat Reclaim Coil	<input type="checkbox"/> Schrader		<input type="checkbox"/> Schrader	<input type="checkbox"/> Schrader	<input type="checkbox"/> Schrader	
<input type="checkbox"/> Shaft Seal	<input type="checkbox"/> Muffler	<input type="checkbox"/> Splitting Valve		<input type="checkbox"/> Sight Glass	<input type="checkbox"/> Cap Tube	<input type="checkbox"/> Ball Valve	
<input type="checkbox"/> Vibration Eliminator	<input type="checkbox"/> Hot Gas Bypass	<input type="checkbox"/> Tube Bundle		<input type="checkbox"/> Solenoid Valve	<input type="checkbox"/> TXV	<input type="checkbox"/> Piping / Header	
<input type="checkbox"/> Liquid Injection Valve	<input type="checkbox"/> Pressure Regulating	<input type="checkbox"/> Pressure Control		<input type="checkbox"/> Pressure Control	<input type="checkbox"/> Float	<input type="checkbox"/> Pressure Control	
	<input type="checkbox"/> Schrader			<input type="checkbox"/> Sub Cooler		<input type="checkbox"/> Suction Valve	
	<input type="checkbox"/> Piping						

Technician Comments: (Provide a detailed description of how and where you repaired the leak?)

CAUSE OF LEAK	ACTION TAKEN TO REPAIR	LEAK REPAIR VERIFICATION
<input type="checkbox"/> Corrosion	<input type="checkbox"/> Isolated Leaking Part from System	Refrigerant Leak Date
<input type="checkbox"/> Gasket - Seal Failure	<input type="checkbox"/> Re-soldered	Date Repaired
<input type="checkbox"/> Missing Part	<input type="checkbox"/> Replaced Gasket or Seal	
<input type="checkbox"/> Line Break	<input type="checkbox"/> Replaced Part	
<input type="checkbox"/> Abuse	<input type="checkbox"/> Replaced Unit	
<input type="checkbox"/> Vibration Related	<input type="checkbox"/> Retrofitted Refrigerant	Method of Repair Verification
<input type="checkbox"/> Braze or Solder Joint Failure	<input type="checkbox"/> Tightened Connection	Electronic <input type="checkbox"/> Ultrasound <input type="checkbox"/>
<input type="checkbox"/> Normal Mechanical Wear	<input type="checkbox"/> Top off from previous repair	Bubble <input type="checkbox"/> Pressure <input type="checkbox"/>
<input type="checkbox"/> Other (Must Explain)	<input type="checkbox"/> Under Repair	Evacuation <input type="checkbox"/> Dye Injection <input type="checkbox"/>
	<input type="checkbox"/> Welded line	Other <input type="checkbox"/>

Technician Name (Print)	Date	Technician Signature
EPA Certification #		Contractor
Store Director Name (Print)	Date	Store Director Signature