

Service WO#: _____ Date Issued: _____ Completed: _____ Technician(s) _____	BLDG: _____ Location: _____ PM No: _____ MFR/MN: _____ Serial No: _____
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WRQ Desc: _____

Appliance ≥ 50 lbs of Refrigerant:
 Appliance < 50 lbs of Refrigerant:

<p><u>Service Description</u></p> <input type="checkbox"/> Isolated Leak <input type="checkbox"/> Non-Major Maintenance <input type="checkbox"/> Major Maintenance <input type="checkbox"/> Disposed Unit <i>disposed unit then complete the following boxes:</i> <input type="checkbox"/> Refrigerant Recovered <input type="checkbox"/> Unit Tagged - "Refrigerant Recovered" <input type="checkbox"/> Recovery Terminated (Air) <input type="checkbox"/> Transferred to Receiver/Condenser, or Pump Out Unit <input type="checkbox"/> Unit Flat at "0" psi could not recover	Recovery Unit: _____ Vacuum Level: <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 28.2 Inches
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Service Description Notes

<u>Refrigerant</u>	Cylinder ID	Type	Condition	Quantity
Recovered				
	Total Recovered:			
Added				
	Total Added:			

Refrigerant Conversion From: _____ To: _____

Accidental Release Occurred Estimated Amount Released: _____
 Description: _____

<p><u>Leaks</u></p> <input type="checkbox"/> Leak Found Date: _____ <input type="checkbox"/> Leak Repaired Date: _____ <input type="checkbox"/> Initial Leak Verification Test Date: _____ Test done after repair before charging. Method: _____ _____ <input type="checkbox"/> Follow-up Verification Test Date: _____ Test done with unit running under normal load. Method: _____ _____	<p><u>Leak Notes:</u> Exact location of leak and description of how repaired.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> <input type="checkbox"/> Trace Gas Used Refrigerant: _____ Cylinder ID: _____ Quantity: _____ </div>
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REVIEWED BY: _____ DATE: _____