



Refrigerant Equipment Installation Form

Form Prepared By: _____

Job, W/A Number: _____

- Routing (in this Order):
- | | | |
|---------|-----------------------------|--------------------|
| 1 _____ | Contractor | Initiate Form |
| 2 _____ | Project Mgr. or Coordinator | Forward Form |
| 3 _____ | Vacant | Review Information |
| 4 _____ | Leslie Hagen | Input to Data Base |
| 5 _____ | Work Control Center | Input to PM System |

Campus <input style="width: 90%;" type="text"/> Building & No. <input style="width: 90%;" type="text"/> Bar Code No. <input style="width: 90%;" type="text"/>	Refrigerant Type <input style="width: 90%;" type="text"/> Refrigerant Charge <input style="width: 20%;" type="text"/> lbs. <input style="width: 20%;" type="text"/> oz. Method Used to Determine Charge <input style="width: 90%;" type="text"/>
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Location <input style="width: 90%;" type="text"/> System Type <input style="width: 90%;" type="text"/> Manufacturer <input style="width: 90%;" type="text"/> Model <input style="width: 90%;" type="text"/> Serial Number <input style="width: 90%;" type="text"/>
Duty Type <input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Industrial Process <input type="checkbox"/> Commercial <input type="checkbox"/> Other Refrigeration <input type="checkbox"/> Under 50 lbs. <input type="checkbox"/> Other
Leak Rate Alert <input type="checkbox"/> 15% <input type="checkbox"/> 35% Other <input type="checkbox"/> %
Capacity <input style="width: 90%;" type="text"/> <input type="checkbox"/> BTUH <input type="checkbox"/> Tons

Date Installed: <input style="width: 90%;" type="text"/> By: <input style="width: 90%;" type="text"/> Date Disposed of: <input style="width: 90%;" type="text"/> By: <input style="width: 90%;" type="text"/> Status: <input type="checkbox"/> Operational <input type="checkbox"/> Non-Operational PM Tag Number: <input style="width: 90%;" type="text"/>
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Rooms Served & General Notes:

Upgrade & Retrofit Notes:
