

FORM
NEW REFRIGERANT APPLIANCE

Provider Information	
Contact Name:	
Contact Position:	
Email:	Phone:
Contractor/Vendor:	
Contractor/Vendor Contact:	
Email:	Phone:
Appliance Location	
County:	
Building Address:	
Building Name: if applicable	
Building Number: if applicable	
Specific Location: (i.e., room #, roof, ground, basement)	
Appliance Characteristics	
Manufacturer:	Mfg. Date:
Model #:	Serial #:
Date Installed:	Refrigerant(s) Name:
Appliance Type: (i.e., split system, chiller, reach-in cooler, heat pump)	

Total Number of Refrigerant Circuits:						
Individual Circuit Identification Name, Number, or Description: (more than 6 circuits, use separate sheet)						
Refrigerant Full Charge per Circuit: Lbs. and Oz.						
Category Code per Circuit: (1) ≤5 lb; (2) >5 & <50 lb; (3) ≥50 lb						
Method Used to Determine Refrigerant Full Charge Code: (1) Manufacturer Data; (2) Calculated; (3) Measured; (4) Midpoint Range						
<p>Is this a revision to the full charge: [Y / N] If yes, explain how the revision was determined: Date revision occurred:</p>						
<p>Appliance monitored by an Automatic Leak Detection System. [Y / N] System meets the regulatory definition of an Automatic Leak Detection System: [Y / N] If Yes, Date system installed: <input type="checkbox"/> Directly detects refrigerants <input type="checkbox"/> Indirectly detects refrigerants And <input type="checkbox"/> Monitors entire appliance <input type="checkbox"/> Monitors a portion of the appliance</p>						