

FORM

DISPOSAL OF REFRIGERANT APPLIANCE

Complete Section I, Section II OR Section III

<p>SECTION I</p> <p>Appliance charge greater than 5 lbs and less than 50 lbs refrigerant per circuit. Refrigerant <u>not</u> evacuated by University technician. For appliances of this size, if contractor/vendor evacuated refrigerant, the University needs only the removal date of appliance and processor.</p>	
<p>SAP or SPHERA ID #:</p> <p style="font-size: small;">If SAP or SPHERA ID # is unknown, complete and attach form AQ-FORM-101</p>	
<p>Appliance Disposal Date:</p>	
<p>Disposal Processor Company:</p> <p>Contact Name:</p> <p>Contact Email:</p>	
<p>SECTION II</p> <p>Appliance charge greater than 5 lbs and less than 50 lbs refrigerant per circuit and refrigerant evacuated by University technician.</p>	
<p>SAP or SPHERA ID #:</p> <p style="font-size: small;">If SAP or SPHERA ID # is unknown, complete and attach form AQ-FORM-101</p>	
<p>Appliance Location:</p>	
<p>Appliance Disposal Date:</p>	<p>Refrigerant Recovery Date:</p>
<p>Refrigerant Name(s):</p>	<p>Quantity of Refrigerant(s) Recovered:</p> <p style="text-align: center;">_____ lbs. _____ oz.</p>
<p>Certified Technician Name:</p>	
<p>Refrigerant evacuated to required levels using certified recovery equipment. [Y / N]</p>	
<p>Accidental release of refrigerant [Y / N]</p> <p>If yes, estimated amount released. _____ lbs. _____ oz.</p>	
<p>Type of Refrigerant Disposal:</p> <p>[] Reclaimed [] Destruction [] Reused [] Recycled [] Other, Explain</p>	

Part(s) of appliance Disposed: <input type="checkbox"/> Entire Appliance <input type="checkbox"/> Other, Explain	
Refrigerant transferred for reclamation [Y / N] If yes, Company that received refrigerant: Company contact name and email: Refrigerant Name(s) sent for reclamation: Quantity of refrigerant(s) sent for reclamation:	
Refrigerant transferred for destruction [Y / N] If yes, Company that received refrigerant: Company contact name and email: Refrigerant Name(s) sent for destruction: Quantity of refrigerant(s) sent for destruction:	
SECTION III Appliance charge of 50 lbs or more refrigerant per circuit, not part of a retirement plan due to leaks above leak rate allowable. If not University technician, contractor/vendor must provide.	
SAP or SPHERA ID #: If SAP or SPHERA ID # is unknown, complete and attach form AQ-FORM-101	
Appliance Location:	
Appliance Disposal Date:	Refrigerant Recovery Date:
Refrigerant Name(s):	Quantity of Refrigerant(s) Recovered: _____ lbs. _____ oz.
Certified Technician Name: Contractor/Vendor: Contact Name: Contact Email: Refrigerant evacuated to required levels using certified recovery equipment. [Y / N]	
Accidental release of refrigerant [Y / N] If yes, estimated amount released. _____ lbs. _____ oz.	
Type of Refrigerant Disposal: <input type="checkbox"/> Reclaimed <input type="checkbox"/> Destruction <input type="checkbox"/> Reused <input type="checkbox"/> Recycled <input type="checkbox"/> Other, Explain	
Part(s) of appliance Disposed: <input type="checkbox"/> Entire Appliance <input type="checkbox"/> Other, Explain	