UM HVAC

SERVICE ORDER FORM

Service WO#: ____________________________

BLDG: ____________________________

Date Issued: ____________________________ Completed: ____________________________

Location: ____________________________

Technician(s): ____________________________

PM No: ____________________________

Serial No: ____________________________

MFR/MN: ____________________________

Vacuum Level: __________ 0 10 15 28.2 Inches

Recovery Terminated (Air)  Transfered to Receiver/Condenser, or Pump Out Unit

Unit Flat at “0” psi could not recover

[ ] Isolated Leak  [ ] Non-Major Maintenance

Service Description

[ ] Major Maintenance

[ ] Disposed Unit

disposed unit then complete the following boxes:

[ ] Refrigerant Recovered  [ ] Unit Tagged - “Refrigerant Recovered”

[ ] Recovery Terminated (Air)  [ ] Transferred to Receiver/Condenser, or Pump Out Unit

Vacuum Level:

Recovery Unit:

[ ] Refrigerant Recovered  [ ] Unit Tagged - “Refrigerant Recovered”

[ ] Startup Charge

Refrigerant

Cylinder ID  Type  Condition  Quantity

Recovered

Added

Total Recovered:

Total Added:

[ ] Refrigerant Conversion

From: ____________________________ To: ____________________________

[ ] Accidental Release Occurred

Estimated Amount Released: __________________________________________

Description: __________________________________________

[ ] Leak Found

Date: ____________________________

Leak Notes: Exact location of leak and description of how repaired.

[ ] Leak Repaired

Date: ____________________________

[ ] Initial Leak Verification Test

Date: ____________________________

Test done after repair before charging. Method: ____________________________

[ ] Follow-up Verification Test

Date: ____________________________

Test done with unit running under normal load. Method: ____________________________

[ ] Trace Gas Used

Refrigerant: ____________________________

Cylinder ID: ____________________________

Quantity: ____________________________

[ ] Appliance ≥ 50 lbs of Refrigerant:

[ ] Appliance < 50 lbs of Refrigerant:

Location: ____________________________

BLDG: ____________________________

Service WO #: ____________________________

Follow-up Verification Test

Date: ____________________________

Test done with unit running under normal load. Method: ____________________________

TRACE GAS USED

Refrigerant: ____________________________

Cylinder ID: ____________________________

Quantity: ____________________________

[ ] Appliance ≥ 50 lbs of Refrigerant:

[ ] Appliance < 50 lbs of Refrigerant:

Technician(s): ____________________________

Date: ____________________________

[ ] Startup Charge

Total Recovered:

REVIEWED BY: ____________________________

DATE: ____________________________