

COMPANY NAME		PHONE NO.		
TECHNICIAN'S NAME		CERTIFICATE NO.	EXPIRY DATE MM DD YY	
OWNER OF EQUIPMENT		OPERATOR		
OWNER'S ADDRESS		EQUIPMENT LOCATION		
REFRIGERANT TYPE & EQUIPMENT CHARGE AMOUNT UNITS		AMOUNT ADDED AFTER MAINT. OR LEAK REPAIR UNITS	AMOUNT RECLAIMED UNITS	AMOUNT RELEASED UNITS
MODEL		SERIAL NO.		
UNIT USI	DEVICE	WORK ORDER NUMBER		
TYPE OF SYSTEM	CAPACITY UNITS	FINAL DESTINATION OF SYSTEM		

CHECK HERE IF THIS
IS A DISPOSAL OR
A DECOMMISSIONING

CHECK HERE IF THIS
IS A NEW INSTALL

**THIS NOTICE MUST
NOT BE REMOVED
FOR A FIVE
YEAR PERIOD
FROM ISSUE DATE**

ISSUE
NO.

000001

TEST RESULTS

ISSUE
DATE

MM DD YY

<input type="checkbox"/>	LEAK DETECTED DO NOT ADD HALOCARBON UNTIL REPAIRED
<input type="checkbox"/>	LEAK REPAIRED
<input type="checkbox"/>	LEAK NOT REPAIRED
<input type="checkbox"/>	NO LEAK DETECTED
<input type="checkbox"/>	NO LONGER CONTAINS ANY HALOCARBON

PREVIOUS TWO TESTS (WHERE APPLICABLE)

ISSUE NUMBER	PREVIOUS TEST DATE MM DD YY
	MM DD YY