

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 USE		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