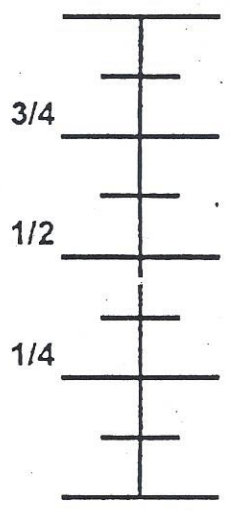
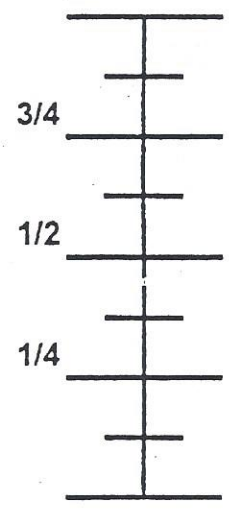


OFFICE OF GENERAL SERVICES
 PLANT UTILITIES - SOUTH MALL
 CENTRAL PLANT
 REFRIGERANT LEAK TEST

CHILLER No. _____

NAME & TITLE:	REQUEST:
CHECKED*	DATE:
EVAPORATOR*	REMARKS:
CONDENSER*	REMARKS:
COMPRESSOR*	REMARKS:
ECONOMIZER*	REMARKS:
RECEIVER & PUMP DOWN COMPRESSOR*	REMARKS:
<p style="text-align: center;">LIQUID LEVEL</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <p>EVAPORATOR (Mark level of each)</p> </div> <div style="text-align: center;">  <p>RECEIVER</p> </div> </div>	<p>* All flanges, piping, connections, seals, sight glasses valves, controls, traps, vents and safety valves on any connection to refrigerant side of chiller.</p> <p>* Repairs required to be reported on Work Forms by Shift Engineer.</p> <p>* Remarks:</p> <p style="margin-top: 20px;">If more space is needed, Please use reverse side.</p>

OFFICE OF GENERAL SERVICES
UTILITIES MANAGEMENT
ESP - CENTRAL PLANT
REFRIGERANT STATUS REPORT

Work Request # _____ Date _____

Chiller # _____ Location _____

Refrigerant Type _____ Design Charge _____ lbs.

Refrigerant Leak Identification

Leak Location and Description _____

Repaired ____ Yes ____ No Refrigerant Amount Used _____ lbs.

If No – Explain _____

Status _____

Refrigerant Recovery

Equipment Used _____

Amount Recovered _____ lbs. Re-Installed ____ Yes ____ No

If No – Explain Disposition _____

Unintentional Venting

Describe Situation _____

Corrective Action _____

Approx. Refrigerant Amt. Vented _____ lbs.

If deficiencies are not corrected, you may be in violation of Federal / State clean air regulations.

Total Refrigerant Used _____ lbs. % of Design Charge _____

Comments _____

Engineer _____
Signature Title Date

Supervisor _____
Signature Title Date