Equipment Input Form

Owner:  Refrigerant Type:
Facility:  Refrigerant Charge:  Lbs.  oz.
Appliance ID:  Method Used to Determine Charge:

Multiple circuits? If yes provide charge of each circuit.

Location:  Date Installed:  By:
Equipment Type:  Date Disposed:  By:
Manufacturer:  Status:  Operational  Non-Operational
Model:  Required Certification Level:  □ I  □ II  □ III
Serial Number:

Duty Type:  □ Comfort Cooling  □ Industrial Process
□ Commercial  □ Other Refrigeration
□ Under 50 lbs.  □ Other

Capacity:  □ BTUH  □ Tons

Lubricant:

Volts/Phase/Hz:

Horsepower:

Upgrade and Retrofit Notes:

General Notes:

Form Date 4/4/01