

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:
Equipment Type:
Manufacturer:
Model:
Serial Number:
Duty Type: <input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Industrial Process
<input type="checkbox"/> Commercial <input type="checkbox"/> Other Refrigeration
<input type="checkbox"/> Under 50 lbs. <input type="checkbox"/> Other
Capacity: <input type="checkbox"/> BTUH <input type="checkbox"/> Tons
Lubricant:
Volts/Phase/Hz:
Horsepower:

Date Installed:	By:
Date Disposed:	By:
Status: <input type="checkbox"/> Operational <input type="checkbox"/> Non-Operational	
Required Certification Level : <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	

General Notes:

Upgrade and Retrofit Notes:
