Recovery/Recycling Unit Input Form

Department:

Unit ID: __________________________
Manufacturer: ______________________
Model: ____________________________
Serial Number: _____________________
Registration Number: ______________
Date Purchased: ________________ Date Inactive: ____________
Unit Type: □ Active  □ Passive  □ Other
Vacuum Level: □ Inches  □ Microns
Internal Filter: ______________________
External Filter: ______________________
Equipment Assigned to: □ Facility □ Technician □ Vehicle □ Location
Assigned to Name: ___________________

Notes

Maintenance History

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<th>Date</th>
<th>Serviced By</th>
<th>Internal Filter</th>
<th>External Filter</th>
<th>Description</th>
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