

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

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