

Service Order Form

Asset No. _____ Work Order No. _____ Date Issued: _____ Completed: _____ Contractor: _____ Technician: _____	Facility: _____ CCSD Site/ Maximo Location No. _____ / _____ Appliance ID _____ Specific Location: _____ Model: _____ Manufacturer: _____ Serial No. _____ Refrigerant Type: _____ Charge: _____ # _____ oz.
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Reason for Dispatch _____	/ NEW COMP MFG
MODEL# _____	SERIAL# _____

Service Description <input type="checkbox"/> Confirmed Charge <input type="checkbox"/> Non-Major Maintenance <input type="checkbox"/> Upgrades Performed <input type="checkbox"/> Major Maintenance	<input type="checkbox"/> Refrigerant Conversion Recovery Unit No. _____
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Disposed Unit <i>If disposed unit then complete the following boxes</i> <input type="checkbox"/> Refrigerant Recovered <input type="checkbox"/> Unit Tagged – “Refrigerant Recovered”	Vacuum Level: _____ Microns <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 28.2 inches
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<input type="checkbox"/> Recovery Terminated (Air)	<input type="checkbox"/> Transferred to Receiver / Condenser, or Pump Out Unit
<input type="checkbox"/> Unit Flat at “0” psi Could Not Recover	

Service Description Notes

	Cylinder ID	Type	Condition	Quantity
Refrigerant Recovered				
	Total Recovered:			
Refrigerant Added				
	Total Added:			

<input type="checkbox"/> Refrigerant Conversion	From: _____	To: _____
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<input type="checkbox"/> Accidental Release Occurred	Estimated Amount Released _____
Description _____	

Leaks	
<input type="checkbox"/> Leak Found	Date _____
Leak Type: _____	
<input type="checkbox"/> Leak Repaired	Date _____
<input type="checkbox"/> Initial Leak Verification Test	Date _____
Test done after repair before charging Method: _____	
Follow-up verification Test Date _____	
Test done with unit running Normal load Method _____	
<input type="checkbox"/> Leak Audit	Date _____

Leak Notes: Exact location of leak and description of how repaired.
<input type="checkbox"/> Trace Gas Used
Refrigerant: _____
Cylinder ID: _____ Quantity: _____
Materials Notes