

Dept. of Environmental Health, Safety, & Sustainability
Cady Building,
170 Long Lane, Room 107
Middletown, CT 06459

Refrigerant Usage Form
Documentation of Recovery Procedures



Revision 3

December 2008 Reviewed Mar 2012

The policy adopted by Physical Plant in regard to refrigerant recovery is intended to maintain compliance with EPA regulations mandated in the Montreal Protocol. This document is intended specifically to outline the procedure of documenting any refrigerant recovery activity performed by EPA Certified University employees.

All employees/contractors under Wesleyan University's employ that are conducting refrigerant recovery operations are required to complete this form. They must also be given access to this form and once complete will return it to the Wesleyan agent responsible for engaging their services, who will then forward a copy to the Dept. of Environmental Health, Safety, & Sustainability.

All certified technicians are expected to have full knowledge of recovery procedures as stated in section 608 of the Clean Air Act Amendments National Recycling and Emission Reduction Program and subsequent EPA Regulations and Standards.

The following rules apply to this program:

1. Only EPA Certified Technicians will perform any recovery operations.
2. Among those Certified Technicians only those certified by category as assigned by the license type may perform those operations.
3. The Technician performing a recovery operation, whether it is for disposal or service, must complete this form and call in a corresponding work order. (Does not apply to contractors)
4. This form is to be delivered to the Technician's Foreperson immediately following completion of the operation.
5. The Foreperson will transfer the recovery form and copy of the corresponding work order the Dept. of Environmental Health, Safety, & Sustainability at 170 Long Lane Room 107.
6. The original work order will be used to complete time sheets as usual.

Technician's Name (Please Print)	Certification Type and ID Number	Today's Date

Contractor Company Name	Address	Phone Number

Total charge as listed on equipment nameplate	Equipment Make	Equipment Model	Serial Number

Location of Equipment (Building)	Room Number	Type of Equipment CHECK ALL THAT APPLY
		Small Appliance <input type="checkbox"/> High Pressure <input type="checkbox"/> Low Pressure <input type="checkbox"/>

Type of Refrigerant in System	Was Refrigerant:
R-22 <input type="checkbox"/> R-12 <input type="checkbox"/> Other: _____	Added lbs: _____ ozs: _____ Removed lbs: _____ ozs: _____

Was a leak found	If found, was it repaired
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If refrigerant was **added** please describe procedure, vacuum achieved and oil disposal procedure if applicable

If refrigerant was **Removed/Disposed** of please describe procedure, vacuum achieved and oil disposal procedure