

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.																																							
Reason for Dispatch _____ / NEW COMP MFG <div style="display: flex; justify-content: space-between;"> MODEL# _____ SERIAL# _____ </div>																																								
Service Description <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Confirmed Charge <input type="checkbox"/> Non-Major Maintenance <input type="checkbox"/> Upgrades Performed <input type="checkbox"/> Major Maintenance </div> <div style="width: 35%;"> <input type="checkbox"/> Refrigerant Conversion Recovery Unit No. _____ Vacuum Level: _____ Microns <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 28.2 inches </div> </div>																																								
Disposed Unit <i>If disposed unit then complete the following boxes</i> <input type="checkbox"/> Refrigerant Recovered <input type="checkbox"/> Unit Tagged – “Refrigerant Recovered”																																								
<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 <div style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 20%;">Cylinder ID</th> <th style="width: 20%;">Type</th> <th style="width: 20%;">Condition</th> <th style="width: 20%;">Quantity</th> </tr> </thead> <tbody> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;">Refrigerant Recovered</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="4" style="text-align: right;">Total Recovered:</td> </tr> <tr> <td rowspan="4" style="text-align: center; vertical-align: middle;">Refrigerant Added</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="4" style="text-align: right;">Total Added:</td> </tr> </tbody> </table> </div>			Cylinder ID	Type	Condition	Quantity	Refrigerant Recovered													Total Recovered:				Refrigerant Added													Total Added:			
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<input type="checkbox"/> Refrigerant Conversion From: _____ To: _____																																								
<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: _____ <hr/> Follow-up verification Test Date _____ Test done with unit running Normal load Method _____ <hr/> <input type="checkbox"/> Leak Audit Date _____	Leak Notes: Exact location of leak and description of how repaired. <hr/> <input type="checkbox"/> Trace Gas Used Refrigerant: _____ Cylinder ID: _____ Quantity: _____ Materials Notes																																							
UNCONTROLLED DOCUMENT: Created 8/27/09																																								