

# REFRIGERANT SYSTEM – CONTRACTOR DISPOSAL



<b>1. SITE</b> <hr/>		<b>2. (*USE A SEPARATE FORM FOR EACH CIRCUIT)</b> <input checked="" type="checkbox"/> DISPOSAL		
<b>3. DATE:</b> 				
<b>4. UNIT DESIGNATION</b>	<b>5. LOCATION (BUILDING/ROOM)</b>	<b>6. REFRIGERANT</b>		
		TYPE/NAME	TOTAL CAPACITY	
<b>REFRIGERATION SYSTEM/CONDENSING UNIT</b>				
<b>7. ASSET NO.</b>	<b>8. MANUFACTURER / YEAR</b>	<b>9. MODEL NUMBER</b>	<b>10. SERIAL NUMBER</b>	
<b>EVAPORATOR</b>				
<b>11. ASSET NO.</b>	<b>12. MANUFACTURER / YEAR</b>	<b>13. MODEL NUMBER</b>	<b>14. SERIAL NUMBER</b>	
<b>15. CIRCUIT CAPACITIES:</b>	CKT1 –	CKT2 –	CKT3 –	CKT4 –
<b>DETAILED MAINTENANCE REPORT</b>				
<b>16. REFRIGERANT DISPOSAL/RECLAIMED DATE:</b>				
<b>17. REFRIGERANT DISPOSED/RECLAIMED:</b> lbs				
<b>18. REFRIGERANT WAS DISPOSED OR RECLAIMED BY:</b>				
<b>COMPANY:</b>			<b>DATE:</b>	
<b>19. CERTIFIED TECHNICIAN</b>			<b>20. EPA CERTIFICATION TYPE</b>	
<b>21. CERTIFIED TECHNICIAN SIGNATURE</b>			<b>22. DATE</b>	
I certify that the system is leak free, and that the statements and information contained in this report are true, accurate and complete.				

## Form Instructions

1. **Site** – Indicate Space Park Manhattan Beach, Space Park Redondo Beach, or add appropriate site if different.
2. "Disposal" is automatically checked by default
3. **Date** – This is the date that the form was completed.
4. **Unit Designation** – This is the designation of the unit example AC-1, Chiller-1 etc.
5. **Location** – Please put the building and location of system.
6. **Type/Name** – Please list the type of refrigerant being used e.g., R11, R22 etc.  
**Total Capacity** – This is the combination of all circuits of the system.
7. **Asset No.** – This is for refrigeration systems or the condensing unit of a split system.
8. **Manufacturer/Year** – This is for refrigeration systems or the condensing unit of a split system.
9. **Model Number** – This is for refrigeration systems or the condensing unit of a split system.
10. **Serial Number** – This is for refrigeration systems or the condensing unit of a split system.
11. **Asset No.** – For split system evaporator section.
12. **Manufacturer/Year** – For split system evaporator section.
13. **Model Number** – For split system evaporator section.
14. **Serial Number** – For split system evaporator section.
15. **Circuit Capacities** – Put capacity for each circuit. If multiple refrigerants, please add type as well. Even if you work on one circuit, please list values and types for all circuits of that system.
16. **Refrigerant Disposal/Reclaimed Date** – This is the date when a unit was disposed of/reclaimed.
17. **Refrigerant disposed/reclaimed** – This is the amount of refrigerant recovered from the system that needs to be disposed of or reclaimed.
18. **Refrigerant was disposed or reclaimed by**– Provide name of company used and date refrigerant was sent out.
19. **Certified Technician** – This is the person who completed this disposal/reclamation.
20. **EPA Certification** – Indicate type of EPA Certification you have.
21. **Certified Technician Signature** – This is the person who completed this repair or audits signature.
22. **Date** – This is the date you completed the form.

**REMINDER: ALL FORMS MUST BE SUBMITTED TO YOUR FPL AND ESHM WITHIN 48 HOURS AFTER WORK IS COMPLETED.**

ESHM Contacts:

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