Service Order Form

Service ID#: _____
Work Order: _____
Date Issued: _____ **Completed:** _____
Contractor: _____
Technicians: _____
Total Tech Hours: _____

Facility: _____
Location: _____
Appliance ID: _____
Specific Location: _____ Model: _____
Manufacturer: _____ Serial #: _____
Refrigerant Type: _____ Charge: _____

Reason for Dispatch

Service Description

☐ Seasonal Variance ☐ Non-Major Maintenance ☐ Refrigerant Conversion
☐ Leak Isolated ☐ Major Maintenance From: To:

☐ Disposed Unit
If disposed unit then complete the following boxes:
☐ Refrigerant Recovered ☐ Unit Tagged - "Refrigerant Recovered"

Recovery Unit: _____
Vacuum Level:
☐ 0 ☐ 10 ☐ 15 ☐ 25 mm

☐ Recovery Terminated (Air) ☐ Transferred to Receiver/Condenser, or Pump Out Unit
☐ Unit Flat at "0" psi Could Not Recover

Service Description Notes

Refrigerant	**Cylinder ID**	**Type**	**Condition**	**Quantity**
Recovered				
			Total Recovered:	
Added				
	☐ **Startup Charge**		**Total Added:**	

☐ Accidental Release Occurred Estimated Amount Released: _____
Description: _____

Leaks

☐ Leak Found Date: _____

☐ Mothballed Unit Date: _____

☐ Leak Repaired Date: _____

☐ Initial Leak Verification Test Date: _____
Method: _____

☐ Follow-up Verification Test Date: _____
Method: _____

☐ Leak Inspection Date: _____
Method: _____

Leak Notes:

☐ Trace Gas Used
Refrigerant:
Cylinder ID: Quantity:

Oil Quantity Removed: _____ Oil Type: _____ Drum: _____