

## Service Order Form (September 2013)

Service ID#: _____ Work Order: _____ Date Issued: _____ Completed: _____ Contractor: _____ Technicians: _____	Facility: _____ Location: _____ Appliance ID: _____ Specific Location: _____ Model: _____ Manufacturer: _____ Serial #: _____ Refrigerant Type: _____ Charge: _____
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**Reason for Dispatch**

<b><u>Service Description</u></b> <input type="checkbox"/> Confirmed Charge <input type="checkbox"/> Non-Major Maintenance <input type="checkbox"/> Upgrades Performed <input type="checkbox"/> Major Maintenance <input type="checkbox"/> Disposed Unit If disposed unit then complete the following boxes: <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	<input type="checkbox"/> Isolated Leak <input type="checkbox"/> Refrigerant Conversion Recovery Unit: _____ Vacuum Level: _____ <input type="checkbox"/> 0 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 28.2 Inches
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**Service Description Notes**

<u>Refrigerant</u>	Cylinder ID	Type	Condition	Quantity
<b>Recovered</b>				
	<b>Total Recovered:</b>			
<b>Added</b>				
	<b>Total Added:</b>			

Refrigerant Conversion      From: \_\_\_\_\_ To: \_\_\_\_\_

Accidental Release Occurred      Estimated Amount Released: \_\_\_\_\_  
 Description: \_\_\_\_\_

<b><u>Leaks</u></b> <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: _____ <input type="checkbox"/> Follow-up Verification Test      Date: _____ Test done with unit running under normal load. Method: _____ <input type="checkbox"/> Leak Audit      Date: _____	<b><u>Leak Notes:</u></b> Exact location of leak and description of how repaired.  <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Trace Gas Used                  Refrigerant: _____                  Cylinder ID: _____      Quantity: _____             </div>
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<b><u>Parts Used</u></b> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #e0ffff;"> <thead> <tr> <th style="width: 15%;">Parts #</th> <th style="width: 35%;">Description</th> <th style="width: 50%;">Quantity</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Parts #	Description	Quantity							<b><u>Materials Notes</u></b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Parts #	Description	Quantity								

Oil Removed: \_\_\_\_\_ Oil Type: \_\_\_\_\_ Drum: \_\_\_\_\_

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