

Refrigerant Audit Log

				tonigorant,			<u> </u>						
Facility Name:							Phone Number:						
Address:							Zip:						
Mailing Address:							Zip:						
Facility F	Representati	ves Name:	Phone Number:	Signature:				D	Date:				
Certified	Auditor Nan	ne:		Audit ID#		Signature:			A	Audit Date:			
Total Cap.: LBS.		System Type:	Refrigerat	ion Serial #	A/C System S		Serial # Ro		Refrig	Refrigerant R		_	
Date	Leak Test Method	Permit/Operate of Recycle		Address & Phone # of erson Performing Maintenance	Date Leal Detected				Total Days to Repair Leak		gerant overed BS.)	Additional Refrigerant (LBS.)	
To determine the annual refrigerant leakage use the equation below.							Total Additional Refrigerant						
REFRIGERANT <u>Additional refrigerant</u> LEAK DETERMINATION = Total Charge Capacity X 100							R	LBS.					
Comme	nts:												
MT Environm	nental Incident Rep	oort Form								F	Revision D	ate: September 2015	

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Check STAPLES Center EMS website for the latest version