AOC FACILITY SITE INSPECTION Form R-I

|  |
| --- |
| Location: AOC Facility ID: |
| Address: City: |
| Revision Frequency: Once every two years Data: |

General Record-keeping Requirements

Perform for every facility at least once every two years

**Note: All records must be maintained for 5 years**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Inspection Topic –Record keeping** | | **Yes** | | **No** | **N/A** | **Comments** |
| In general are service records available for inspection for **all** service, maintenance, repair, or disposal performed on refrigerant equipment? | |  | |  |  |  |
| **Do the service records contain the following details:** | |  | |  |  | **Rate quality for each and rate % of records which comply** |
| The amount of **refrigerant added** during the maintenance or repair of all refrigerant equipment? | |  | |  |  |  |
| The amount of refrigerant **recovered** or recycled during the maintenance, repair, or disposal for all refrigerant equipment? | |  | |  |  |  |
| Description of service or **repairs performed** and details of where leaks were and what was done to repair | |  | |  |  |  |
| Which **recovery/recycle unit** was used (or other method) to recover or recycle refrigerant during maintenance, repair, or disposal? | |  | |  |  |  |
| What **vacuum level** was achieved during refrigerant recovery for a major service or equipment disposal? | |  | |  |  |  |
| Are all leaks **repaired and documented** within the 30 days allowed? | |  | |  |  |  |
| Are initial **leak verification tests** being documented after leak repairs? Is method used documented? | |  | |  |  |  |
| Are **follow-up leak verification** tests being conducted & documented, within 30 days of initial test, for units (circuits) which contain refrigerant of 50 pounds or greater? *Note: perform for all* **>***50 pound units*. | |  | |  |  |  |
| **Compressor Room Inspection:** | |  | |  |  | **List plan of action to correct deficiencies** |
| Is the EPA required **equipment inventory** posted and completed with refrigerant information include type and system charge | |  | |  |  |  |
| Are refrigerant **MSDS sheets** for the refrigerant gasses used in the building readily accessible | |  | |  |  |  |
| Is the **refrigeration repair log** in a suitable container and readily accessible for each rack | |  | |  |  |  |
| Does the building have a legible set of plans showing **case layout and RS sheets** on the wall of the compressor room | |  | |  |  |  |
| Is the compressor **room free of debris** and building fixtures | |  | |  |  |  |
| Is the compressor room **door lockable** and in good repair | |  | |  |  |  |
| Inspectors Name | | Date of Inspection | | | |
|  | |  | | | |
|  | |  | | | |

AOC FACILITY SITE INSPECTION Form R-2

LOSS CONTROL INSPECTION

|  |  |
| --- | --- |
| Location |  |
| AOC Facility ID: |  |
| Revision Frequency**:** | Once every two years |
| Inspector’s Name |  |
| Date |  |
|  |  |

|  |  |
| --- | --- |
| Is Compressor room accessible | Yes No |

|  |  |
| --- | --- |
| If Yes | Please fill out the remainder of the inspection form. |
| If No | Please do not put yourself and risk and not do the inspection We do need for you to complete the top four lines and send in form to the RM with the No circled anyway |

|  |  |  |
| --- | --- | --- |
| 1 | Is the building compressor room door locked and in good repair? | Yes No |
| Comments: | |
|  | |
| 2 | Is the BUILDING REFRIGERANT EQUIPMENT INVENTORY visible and in a waterproof container? | Yes No |
| Comments: | |
|  | |
| 3 | Is there a REFRIGERANT LEAK LOG for each piece of equipment on the over 50Lbs section of the BUILDING REFRIGERANT EQUIPMENT INVENTORY? | No Yes |
| Comments: | |
|  | |
| 3.1 | Are the entries on the REFRIGERANT LEAK LOG complete (all spaces filled in)? | Yes No |
| Comments | |
|  | |
| 4 | Does the building have Cylinders of refrigerant Gas in the Compressor room? | Yes No |
| 4.1 | If yes, does the building have a REFRIGERANT GAS INVENTORY form in clearly visible location? [State the location in the building to find a copy of this record] | Yes No |
| Comments: | |
|  | |

|  |  |
| --- | --- |
| Inspectors Name | Date of Inspection |
|  |  |
|  |  |

Please send the completed inspection form to Refrigerant Manger.

SP/CONTRACTOR’S COMPLIANCE CERTIFICATION Form R-3

For both in-house and third party service providers

###### General Record-keeping Requirements

Perform for each Region and each Service Provider at least once every year

Retain records for five years. Must be completed by a SP Refrigerant Manager or designee

|  |  |
| --- | --- |
| Region | Date |
| Service Provider | Auditor’s name |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Refrigerant Management Issues | **Yes** | **No** | **N/A** | **Comments** |
| Is the Refrigerant Compliance Plan being utilized? |  |  |  |  |
| Have you conducted Refrigerant Management Plan training for your technicians this year? |  |  |  |  |
| If you have owner’s refrigerant in stock Has an inventory been conducted recently? |  |  |  | Date & results: |
| Is used refrigerant oil being disposed of properly? |  |  |  |  |
| Are disposal labels being used and placed on all disposed of refrigerant equipment? *(Rate for equipment abandoned in place and for equipment staged for disposal)* |  |  |  | Abandoned in place \_\_\_\_  Staged for disposal \_\_\_\_ |
| Is each technician accurately documenting each leak found and repaired? |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service Technician Issues | **Yes** | **No** | **N/A** | **Comments** |
| Are all technicians EPA certified to proper level? Attach copies to this form |  |  |  |  |
| Are all technicians’ certifications from programs currently in good standing with the EPA. |  |  |  |  |
| Do all EPA certification cards have a level listed and the following words?  **“*as required by 40CFR, Part 82, subpart f”*** |  |  |  |  |
| Are technicians documenting accidental refrigerant release incidents? *(non-mechanical)* |  |  |  |  |
| Can technicians quote the EPA >50 lbs. equipment types and their leak trigger rates? |  |  |  |  |
| Can technicians demonstrate proper use of recovery units and can they quote the EPA required recovery vacuum levels? |  |  |  |  |
| Are contractors documenting refrigerant service work on the **Refrigeration/HVAC Service Information Worksheet?** |  |  |  |  |
| To the best of your knowledge are the Technicians calculating the annual leak rate every time there is a refrigerant leak? |  |  |  |  |
| To the best of your knowledge are the technicians completing the Refrigerant Leak Log every time refrigerant gas is added to a system? |  |  |  |  |

Page 1 of 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recovery Unit Issues | **Yes** | **No** | **N/A** | **Comments** |
| Is a list of model numbers, serial numbers and date purchased for all recovery units available for each service truck? |  |  |  |  |
| Is a copy of the recovery unit acquisition certification form, sent to the EPA showing at least one recovery unit is on the service truck available? |  |  |  |  |
| Have periodic leak/vacuum checks of recovery units been conducted and documented? |  |  |  |  |
| Is there evidence that recovery unit filters are being changed as required on the service trucks? |  |  |  |  |
| Are automotive Section 609 recovery units being used for Section 608 stationary equipment? |  |  |  |  |
| Are contractor recovery units EPA approved? |  |  |  |  |
| Has a copy of the evacuation chart been laminated and attached to each recovery unit? |  |  |  |  |
| Is documentation on annual service for recovery units on the service truck? |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Refrigerant Cylinders | **Yes** | **No** | **N/A** | **Comments** |
| Are DOT 39 (disposable) cylinders being evacuated to 4 psig and punctured before disposal? |  |  |  |  |
| Do you have an accurate inventory of all recovery and virgin refrigerant cylinders? |  |  |  |  |
| Are recovery cylinders correctly color-coded to ARI-K (gray with yellow top)? |  |  |  |  |
| Are all recovery cylinders current with the 5-year re-testing date? |  |  |  |  |
| Are all cylinders properly labeled with a refrigerant specific tag/label and non-flammable gas tag/label attached? |  |  |  |  |
| Are you using dedicated cylinders for each refrigerant type? |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| General Safety Issues | **Yes** | **No** | **N/A** | **Comments** |
| Do technicians have access to refrigerant MSDS on their trucks? |  |  |  |  |
| Do technicians have access to appropriate Personal Protective Equipment for the type of work they do? |  |  |  |  |

I certify to the best of my knowledge the statements on this certification are true and accurate.

|  |  |
| --- | --- |
|  |  |
| Signature | Printed Name |
|  |  |
| Title | Date |

**Certification available upon request or Inspection to AOC or Regulatory Agency**

Page 2 of 2

AOC BUILDING REFRIGERANT EQUIPMENT Form R-4 INVENTORY

To be permanently posted in each compressor room in each building in a water proof file cover

|  |  |  |
| --- | --- | --- |
| AOC Facility ID: |  | Date: |
| Revision Frequency: | Once every two years |  |

Equipment and Appliances containing over 50 lbs. Refrigerant

|  |  |  |  |
| --- | --- | --- | --- |
| Asset Unique Identifier | Location | Refrigerant | Operating charge |
|  |  |  | Lbs. |
|  |  |  | Lbs. |
|  |  |  | Lbs. |
|  |  |  | Lbs. |
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|  |  |  | Lbs. |
|  |  |  | Lbs. |
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|  |  |  | Lbs. |

Equipment and Appliances containing less than 50 lbs. Refrigerant

|  |  |  |  |
| --- | --- | --- | --- |
| Asset Unique Identifier | Location | Refrigerant | Operating charge |
|  |  |  | Lbs. |
|  |  |  | Lbs. |
|  |  |  | Lbs. |
|  |  |  | Lbs. |
|  |  |  | Lbs. |
|  |  |  | Lbs. |
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|  |  |  | Lbs. |
|  |  |  | Lbs. |
|  |  |  | Lbs. |
|  |  |  | Lbs. |

REFRIGERANT LEAK LOG Form R-5

Need one for each system that has over 50 lbs refrigerant gas

To be permanently posted in each compressor room in each building in a water proof file cover

AOC Facility ID:\_\_\_\_\_\_\_ System ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refrigerant type \_\_\_\_\_\_\_\_ Operating Charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs.

If annual leak rate exceeds 35 % for refrigeration or 15% for comfort cooling contact the Refrigerant Manger

Date of Service. \_\_\_\_\_\_\_\_\_ SWO Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lbs. Added \_\_\_\_\_\_\_\_\_ Lbs. Removed \_\_\_\_\_\_\_\_\_\_\_

Reason  Leak Seasonal Accident Disposal

Lbs. added in last 12 months \_\_\_\_\_ lbs. divided by Operating charge = \_\_\_\_ % Annual leak rate

Recovery unit ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs. recovered \_\_\_\_\_\_\_\_

If evacuating the system Vacuum inches \_\_\_\_\_\_\_\_\_\_\_\_ hg achieved.

Leak repair procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leak location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Leak testing method \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Follow up leak test method \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Is this leak repaired  YES  NO. If no What is the plan to fix it \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technicians Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Service. \_\_\_\_\_\_\_\_\_ SWO Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lbs. Added \_\_\_\_\_\_\_\_\_\_\_ Lbs. Removed \_\_\_\_\_\_\_\_\_\_\_

Reason  Leak Seasonal Accident Disposal

Lbs. added in last 12 months \_\_\_\_\_ lbs. divided by Operating charge = \_\_\_\_ % Annual leak rate

Recovery unit ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs. recovered \_\_\_\_\_\_\_\_

If evacuating the system Vacuum inches \_\_\_\_\_\_\_\_\_\_\_\_ hg achieved.

Leak repair procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leak location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Leak testing method \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Follow up leak test method \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Is this leak repaired  YES  NO. If no What is the plan to fix it \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technicians Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Service. \_\_\_\_\_\_\_\_\_ SWO Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lbs. Added \_\_\_\_\_\_\_\_\_\_\_ Lbs. Removed \_\_\_\_\_\_\_\_\_\_\_

Reason  Leak Seasonal Accident Disposal

Lbs. added in last 12 months \_\_\_\_\_ lbs. divided by Operating charge = \_\_\_\_ % Annual leak rate

Recovery unit ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs. recovered \_\_\_\_\_\_\_\_

If evacuating the system Vacuum inches \_\_\_\_\_\_\_\_\_\_\_\_ hg achieved.

Leak repair procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leak location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Leak testing method \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Follow up leak test method \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Is this leak repaired  YES  NO. If no What is the plan to fix it \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technicians Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retain this record for 5 years Page number \_\_\_\_

REFRIGERANT /GAS INVENTORY Form R-6

Use one sheet for each refrigerant type that is stored at the location

AOC Facility ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Control Number: \_\_\_\_\_\_\_\_\_\_\_

Gas type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If gas is transferred to another location make sure to indicate where it went in the “Use or Destination” column

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Beginning  Inventory lbs.  (Use previous ending) | lbs.  added  To inventory | Source?  Owners gas’  Or  Contractor  supplied | Amount taken  from inventory | Use or  destination | Ending  lbs.  of gas | Certified handler’s name | Date Added/  Removed |
|  |  |  |  |  |  |  |  |
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Keep this record for 5 years Page \_\_\_\_\_\_\_\_\_\_

EQUIPMENT DISPOSAL RECORD Form R-7

AOC Facility ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technicians and owners disposing of any refrigerant-containing equipment or small appliances must maintain records that show that proper evacuation occurred. For large appliances and equipment that contain more than 5 lbs. of refrigerant the refrigerant shall be recovered in accordance with the EPA’s evacuation requirements prior to dismantling or salvaging. Knowingly discharging refrigerant gas into the atmosphere is a violation of section 608 of the Clean Air Act.

The attached form must be completed each time a piece of equipment is disposed of.

* Equipment shall be evacuated to 2mm Hg.
* Compressor units shall be removed from equipment and the refrigerant connection shall be pinched or plugged in such fashion that oil cannot be released.
* Equipment shall be disposed of property and in Management with EPA guidelines.
* The SP Refrigeration Manager or his designee will notify the District and or Regional Supervisor of the removal and disposal of the equipment.
* The cylinder shall have all residual refrigerant contents recovered in an approved recovery cylinder. A person must not recycle or dispose a non-refillable cylinder prior to evacuating refrigerant from a non-refillable cylinder to a minimum of 102mm (4 in) of mercury below atmospheric pressure. The non-refillable cylinder pressure must maintain a minimum of 102mm (4 in) of mercury below atmospheric pressure for at least 5 minutes after being detached from Certified Refrigerant Recovery or Recycling Equipment.
* The One time use/disposable cylinder shall have a hole cut in it to prevent any reuse.

Cylinders shall be disposed of in a scrap metal collection dumpster.

|  |  |
| --- | --- |
| Date of recovery/disposal |  |
| Technicians Name |  |
| Technicians Employer |  |
| Equipment ID or serial # |  |
| Refrigerant Type |  |
| Lbs. of Refrigerant removed |  |
| Recovery Equipment ID |  |
| Vacuum level achieved |  |
| Was refrigerant reclaimed? | Yes No |
| If yes what company? |  |
| Is equipment being scrapped | Yes No |
| Organization receiving equipment |  |

I hereby affirm that the equipment identified above has been disposed of in accordance with section 608 of the Clean Air Act.

Technicians Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EPA number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document must be retained by the SP.