

MONTHLY REFRIGERANT INVENTORY AND USAGE FORM

FACILITY _____

MONTH ____ to ____

COMPLETED BY _____

DATE _____

Total number of pieces of equipment which use refrigerants:

Beginning of month ____ / end of month ____ . Change ____ .

Refrigerant inventory in ounces start _____ (sum Total of all equipment)

Refrigerant inventory in ounces end _____ (sum Total of all equipment)

Discrepancy + / - (if any) _____

Reason for discrepancy (equipment added or removed?) _____

Total ounces of refrigerant added for the month (from Form #3056B) _____

Total ounces of refrigerant reclaimed/recycled (from Form #3056B) _____

Has verification been provided that all leaking equipment has been successfully repaired? Please specify: _____

Has any equipment with a refrigeration charge of 50 pounds or more had any leaks that have exceeded the trigger rates established in Attachment "A" of Directive #3056? Y/N (circle one) If yes, have repairs been made within the timelines as established in Attachment "A"? Y/N (circle one) If No please explain:

Were repairs made by facility staff ____ or outside contractor ____? (please check all that apply)

Certified Technician's name and company: _____

Make and Model # of refrigerant recovery equipment: _____

Is refrigerant recovery equipment listed above certified by the EPA? Y / N (circle one)

Have signed statements been obtained and kept on file for the disposal of small appliances from which refrigerants have been removed? Y / N (circle one)

A hardcopy of this form is to be kept on file with the refrigerant program for three years.