



# REFRIGERANT TRACKING FORM 2

**For Safeway's Use:**  
 Date Received \_\_\_\_\_  
 Leak Rate Acceptable? (Y/N) \_\_\_\_\_

Verisae Reference Number:			
Store #			
WO#			
Dispatch Date	Vendor WO#		
Trade Type	Refrigeration / HVAC		
System Rack/ ID			
Last Leak Repair Date			
System Charge Design (lbs)			

Refrigerant Type (Circle One)		
R-22	R-408A	R-422A
R-404A (HP62)	R-402A (HP80)	R-422D
R-507(AZ50)	R-401A (MP39)	Other _____
Reason for Adding Refrigeration	Leak / Seasonal Adjustment	
If seasonal adjustment, last date added or removed		
Comments		
Amount Added (lbs)		
Amount Recovered (lbs)		

**Leak Location: Check One Location in the Appropriate Column**

Compressor	Discharge Line	Condenser	Receiver	Liquid Line	Evaporator	Suction Line	Other
<input type="checkbox"/> Body or Terminal Lugs <input type="checkbox"/> Fittings <input type="checkbox"/> Oil Float <input type="checkbox"/> Pressure Control Transducer <input type="checkbox"/> Schrader <input type="checkbox"/> Shaft Seal <input type="checkbox"/> Vibration Eliminator <input type="checkbox"/> Liquid Injection Valve	<input type="checkbox"/> Ambient Valve <input type="checkbox"/> Ball Valve <input type="checkbox"/> Check Valve <input type="checkbox"/> Header <input type="checkbox"/> Heat Reclaim Coil <input type="checkbox"/> Hot Gas Bypass <input type="checkbox"/> Muffler <input type="checkbox"/> Schrader <input type="checkbox"/> Piping <input type="checkbox"/> Pressure Control Transducer <input type="checkbox"/> Pressure Regulating Valves	<input type="checkbox"/> Ball Valve <input type="checkbox"/> Coil <input type="checkbox"/> Header/ Piping <input type="checkbox"/> Schrader <input type="checkbox"/> Splitting Valve <input type="checkbox"/> Tube Bundle (Water Cooled) <input type="checkbox"/> Pressure Control Transducer	<input type="checkbox"/> King Valve <input type="checkbox"/> Level Indicator/ Alarm <input type="checkbox"/> Pressure Relief Valve	<input type="checkbox"/> Ball Valve <input type="checkbox"/> Differential Valve <input type="checkbox"/> Drier <input type="checkbox"/> Piping/ Header <input type="checkbox"/> Pump <input type="checkbox"/> Schrader <input type="checkbox"/> Sight Glass <input type="checkbox"/> Solenoid Valve <input type="checkbox"/> Sub Cooler <input type="checkbox"/> Pressure Control Transducer	<input type="checkbox"/> Ball Valve <input type="checkbox"/> Coil <input type="checkbox"/> Distributor <input type="checkbox"/> Piping <input type="checkbox"/> Schrader <input type="checkbox"/> Expansion Device- TXV, Float, Cap Tube	<input type="checkbox"/> Accumulator <input type="checkbox"/> CPR <input type="checkbox"/> EPR <input type="checkbox"/> Filter Shell <input type="checkbox"/> Schrader <input type="checkbox"/> Ball Valve <input type="checkbox"/> Piping/ Header <input type="checkbox"/> Pressure Control Transducer <input type="checkbox"/> Suction Valve (stop)	<input type="checkbox"/> No Leak Identified <input type="checkbox"/> Nothing added <input type="checkbox"/> Start up/ New System <input type="checkbox"/> Must Explain

**Technician Comments: (What did you do to repair the leak and additional comments about leak location?)**

Fault Code (Check one)	Action Code (Check one)	Leak Check Verification
<input type="checkbox"/> Corrosion <input type="checkbox"/> Gasket – Seal Failure <input type="checkbox"/> Missing Part <input type="checkbox"/> Line Break <input type="checkbox"/> Abuse <input type="checkbox"/> Vibration Related <input type="checkbox"/> Braze or Solder Joint Failure <input type="checkbox"/> Normal Mechanical Wear <input type="checkbox"/> Other *Must Explain	<input type="checkbox"/> Isolated Leaking Part from System <input type="checkbox"/> Re-soldered <input type="checkbox"/> Replaced Gasket or Seal <input type="checkbox"/> Replaced Part <input type="checkbox"/> Replaced Unit <input type="checkbox"/> Retrofitted Refrigerant <input type="checkbox"/> Retired -Shutdown System- Removed Refrigerant <input type="checkbox"/> Tightened Connection <input type="checkbox"/> Top off from previous repair <input type="checkbox"/> Under repair <input type="checkbox"/> Welded line	<b>Refrigerant Leak Date</b> Date Repaired _____ Date 1 <sup>st</sup> Verification _____ Date 2 <sup>nd</sup> Verification _____ 1 <sup>st</sup> 2 <sup>nd</sup> Repaired Verification Method <input type="checkbox"/> <input type="checkbox"/> Bubble <input type="checkbox"/> <input type="checkbox"/> Electronic/ Ultrasound <input type="checkbox"/> <input type="checkbox"/> Pressure <input type="checkbox"/> <input type="checkbox"/> Evacuation <input type="checkbox"/> <input type="checkbox"/> Dye inject <input type="checkbox"/> <input type="checkbox"/> Other

Complete the following: I certify, based on my sound professional judgment and verification testing as appropriate, that all identified leaks have been repaired in accordance with EPA Regulation 40 CFR Part 82.

Signature: \_\_\_\_\_ (Same technician as identified below)

Technician Name: \_\_\_\_\_  
 (Print Name)

Phone Number # \_\_\_\_\_

Contractor: \_\_\_\_\_

EPA Cert. # \_\_\_\_\_

**NOTE TO STORE DIRECTOR:** Ensure this form is thoroughly completed and legible. Your signature below confirms that you have verified the service technician is EPA certified and that you understand the company policy and information on this form. If a leak is detected and not repaired at time of service, contact your designated Maintenance Department for further direction to ensure proper follow-up occurs. File a copy of this form in the designated store "Refrigerant Tracking Report" folder.

**NOTE TO VENDOR:** (1) Send this original completed form to: Safeway's RFSC (2) Leave copy in machine room with RCP book.

Store Director Printed Name (or other designated store manager): \_\_\_\_\_ Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

