



SCAQMD RULE 1415 RECORDKEEPING FORM I

Facility Name: _____ Phone #: _____

Address: _____ Zip: _____

Mailing Address: _____ Zip: _____

Facility Representative: _____ Sign: _____ Date: _____

Certified Auditor: _____ Cert. #: _____ Sign: _____ Date: _____

System Type	Make	Model #	Serial #	Refrigerant
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PLEASE REFER TO FORM II IF A REFRIGERATION LEAK OCCURRED

Date	Leak Test Method	Name & Address of the contractor who repaired leak & performed leak test	Date Leak Detected	Date Leak Repaired	Total Days to Repair Leak	Refrigerant Recovered (lbs)	Additional Refrigerant (lbs)

Determine the annual refrigerant leak: **Total Additional Refrigerant =**

ANNUAL REFRIGERANT LEAK DETERMINATION = $\frac{\text{Additional Refrigerant X 100}}{\text{Total Charge Capacity}}$ **Annual Refrigerant Leak (%) =**

lbs
%

NOTE: If an employee or representative of the owner of the system performed all work, then only write "OWNER" in column IV.