



# SOUTH COAST AQMD 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

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)

<p><b>Determine the annual refrigerant leak:</b></p> <p><b>ANNUAL REFRIGERANT LEAK DETERMINATION</b> = <math>\frac{\text{Additional Refrigerant} \times 100}{\text{Total Charge Capacity}}</math></p>	<p><b>Total Additional Refrigerant</b> =</p> <p><b>Annual Refrigerant Leak (%)</b> =</p>	lbs
		%

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