SCAQMD RULE 1415 ANNUAL REFRIGERANT LOSS AND MALFUNCTION FORM II

Facility Name:			Phone #:
Source Address:			Zip:
Mailing Address:			Zip:
Facility Representative:		Signature:	Date:
Certified Auditor:	Cert #:	Signature:	Date:

Date	Type of Leak or Malfunction*	If Leak, Refrigerant Added (lbs)	Signature

* For each malfunction reported list cause, type of repairs made, date of malfunction and date repairs complete.