**Refrigerant Management Program Self Audit for Service Providers**

Location: Work Group:

Work Group Leader: Date:

| **Item** | **Y/N/NA** | **Comments** |
| --- | --- | --- |
| * 1. Do you have service records for the last three years for all equipment containing 50 pounds or more of refrigerant that you have worked on?
 |  |  |
| * 1. If yes to Question 1, have you provided these records to the appliance owner?
 |  |  |
| 1. Do you have recycling and/or recovery equipment for every type of refrigerant that you work with?
 |  |  |
| 1. Do you have records of all refrigerant purchases within the last three years?
 |  |  |
| 1. Do you have records of all refrigerant that was sent for reclamation during the past three years?
 |  |  |
| 1. Are you tracking all refrigerant use?
 |  |  |
| 1. For equipment to be disposed of, have you ensured that all refrigerant is evacuated to required levels and documented this on the appliance?
 |  |  |
| 1. Do you have copies of all technicians’ certificates and are you maintaining those copies for 3 years following the end of employment as a certified technician?
 |  |  |
| 1. Do you have an appropriately certified technician for each type of equipment that your work group services?
 |  |  |
| 1. Have you provided your refrigerant dealer with a copy of a current and appropriate technician’s certification for refrigerant purchases?
 |  |  |
| 1. Is all refrigerant being properly stored in cylinders that are in good condition?
 |  |  |
| 1. Does your work group have the proper PPE/meters for the refrigerants that you work with?
 |  |  |
| 1. Does your work group have written SOPs?
 |  |  |

**Additional Comments/Clarifications:**

**Submit this completed audit annually to EHS on January 31st.**