# **Installation Leak Tightness Testing:** **Verification Form**

*The following form must be completed by an authorized installation company representative to verify that your store’s remote commercial refrigeration system was tested for leaks at the time of installation in accordance with* [*GreenChill’s Best Practices Guideline for Leak Tightness at Installation*](http://www2.epa.gov/greenchill/greenchill-best-practices-guideline-ensuring-leak-tight-installations-commercial)*. Please refer to the Guideline for more details.*

**Store Contact Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Store Name:** |        | **Location:** |        |  |
| **Installation Company Name:** |        |
| **Representative’s Name:** |        | **Title:** |        |
| **Telephone:** |       | **Email:**  |       |

**Leak Testing Information**

* **Pressure Testing for Leaks:**

Tracer gas used:

The system pressure was brought up to       psig and was successfully held for       hours.

* **Stairstep Evacuation Procedure:**

First vacuum was pulled down to       microns and was successfully held for       hours.

Second vacuum was pulled down to       microns and was successfully held for       hours.

Third vacuum was pulled down to       microns and was successfully held for       hours.

**Signature/Certification by Authorized Company Representative**

*By signing this form I attest that all information contained is true and correct.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |       | **Date:**  |       |

OMB Control No.: 2060-0702 Expiration Date: MM/DD/YYYY

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