



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](#). 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

EPA Form No.: 5900-589

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