



# SOUTH COAST AQMD 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 |
|------|------------------------------|----------------------------------|-----------|
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\* For each malfunction reported list cause, type of repairs made, date of malfunction and date repairs complete.