



Refrigerant Disposal Form

In accordance with 40 CFR Subchapter C Part 82 Subpart F, the below listed items have been verified by the signer that all refrigerant that had not leaked previously has been recovered from the appliance in accordance with paragraph (a) of said regulation. The Golden Triangle Solid Waste Management Association (GTRSWMA), is not responsible for the removal of any refrigerant from any item that is being delivered for disposal. It is the responsibility of the disposer to make sure that it has been removed in accordance with Federal regulations. GTRSWMA reserves the right to refuse any item in which it feels that the refrigerant has not been removed, removed improperly, or this form has not been filled out prior to delivery.

This form prepared by:

Name: Phone: Date:
Dept. Code: Dept: Dept Head:

Table with 3 columns: Inventory Number, Item Description, Serial Number. Multiple empty rows for data entry.

Method of Removal: FM Work Request No: (Please attach FM Work Request)

Recovered By: Signature:
(Typed Name)

The signature below provides verification that any/all refrigerant has been removed properly from the equipment listed on this form.

Department Inventory Representative: Signature Date

Original - Receiving & Property Control Copy - Departmental File

## General Instructions

*This form certifies that any/all refrigerant has been removed/recovered from the equipment listed.*

This form prepared by	Name, phone number of person completing form - for contact purposes.
Dept. Code/Dept. Name	One or two-character code assigned to each department in possession of property. Each department has a unique code assigned to it.
Unit Head	Person responsible for operation of the department.
Inv. No./Item Descr./Serial No.	Item information from official inventory record. Items not on inventory should be identified as "NOI" in Inventory Number column.
Method of Removal	Indicate whether the department or Facilities Management removed/recovered the refrigerant. If FM recovered refrigerant, provide the Work Request Number and attach a copy with this form.
Recovered By	Typed name of person that removed refrigerant. Signature of same.
Dept Inventory Representative	Signature of person responsible for reporting action taken on this form to RPC.
Complete and forward to:	Receiving & Property Control (RPC) P.O. Box 6177 Mississippi State, MS 39762 Mail Stop 9605 Phone: (662) 325-2545 Fax: (662) 325-4551

Maintain a copy of this form in departmental file for audit purposes.