

ODS Removal Company Name: _____

Date: _____

ODS Technician Name: _____

Collection Site Name: _____

ODS Technician Certification #: _____

Collection Site Staff Name: _____

If multiple sheets are required, you only need to provide tank weights (in kilograms) on one sheet for all units.

CATEGORY	Large appliances checked and drained at the site						Large appliances previously drained prior entering the site		Total Units per category	
	Refrigerant Types						Professionally pre-serviced	Damaged/ Empty		
	R12	R22	R134A	R410A	R600A	R32				
Fridge										
Freezer										
Compact Refrigerator										
AC Window Unit										
AC Portable Unit										
De-Humidifier										
Electric Cold Water Dispenser-Water Cooler										
Others & Commercial Units (Non-MARR)										
TOTAL Mercury Switches				TOTAL PCB Capacitors				TOTAL Appliances Combined		

Tank #: _____

Tank #: _____

Tank #: _____

Tank #: _____

Weight In (KG) _____

Weight In (KG) _____

Weight In (KG) _____

Weight In (KG) _____

Weight Out (KG) _____

Weight Out (KG) _____

Weight Out (KG) _____

Weight Out (KG) _____

Leak detection completed on site: YES NO

ODS Technician Signature: _____

Collection Site Staff Signature: _____