



Self-Inspection Checklist: *Refrigerants*

Date of Inspection: _____ Inspector's Name: _____
please print

Check the box for yes, no or n/a. If you check no, action is required on the part of the permittee.

Refrigerant Management	Yes	No	N/A	If no, corrective action taken.	Complete Date/Initials
If you accept refrigerant containing items without refrigerants, do you obtain a signed statement from the customer that it has been removed according to EPA regulations, with the date it was removed and name and address of who removed it?*					
Is an area of your facility designated for temporary storage of appliances and other items that still contain refrigerants? (BMP)					
Are items containing refrigerants handled in a way that prevents damage and possible release of refrigerants? (BMP)					
Are refrigerants recovered by an EPA-certified technician, using EPA-certified equipment?*					
Is a distinguishing mark placed on each refrigerant containing item after the items are fully evacuated? (BMP)					
Is the refrigerant sent to an EPA-certified reclaimer for reuse?*					
Are there records of refrigerant reclamation going back at last 3 years?*					

*[Section 608 Clean Air Act, 40 CFR Part 82, Subpart F]