

INTACT EQUIPMENT DISPOSAL FORM
Safe Disposal Requirements

Under EPA's rule, equipment that is typically dismantled on site before disposal (e.g., retail food refrigeration, cold storage warehouse refrigeration, chillers, and industrial process refrigeration) has to have the refrigerant recovered in accordance with EPA's requirements for servicing. However, equipment that typically enters the waste stream with the charge intact (e.g., motor vehicle air conditioners, household refrigerators and freezers, and room air conditioners) is subject to special safe disposal requirements.

Under these requirements, the final person in the disposal chain (e.g., a scrap metal recycler or landfill owner) is responsible for ensuring that refrigerant is recovered from equipment before the final disposal of the equipment. However, persons "upstream" can remove the refrigerant and provide documentation of its removal to the final person if this is more cost effective.

The equipment used to recover refrigerant from appliances prior to their final disposal must meet the same "performance standards" as equipment used prior to servicing, but it does not need to be tested by a laboratory. This means that self-built equipment is allowed as long as it meets the performance requirements. For MVACs and MVAC-like appliances, the performance requirement is 102 mm of mercury vacuum and for small appliances, the recover equipment performance requirements are 90 percent efficiency when the appliance compressor is operational, and 80 percent efficiency when the appliance compressor is not operational.

Technician certification is not required for Individuals removing refrigerant from appliances in the waste stream.

The safe disposal requirements are effective on July 13, 1993. The equipment must be registered or certified with the agency by August 12, 1993

Source: Clean Air Act of 1990 Sec. 608

Equipment
Description: _____

Model #: _____ Serial #: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Signature: _____

Certification #: _____ Date: _____