

**APPENDIX**

The material contained in this appendix is for clarification purposes only. The explanations and illustrations are numbered to correspond to the number of the rule as it appears in the text of the chapter.

**A 45.07 (2) Forms.** The following form (SB-34) is referred to in s. ILHR 45.07. Copies are available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707.

**MECHANICAL REFRIGERATION  
INSTALLATION REGISTRATION**

Installing Contractor shall prepare this form in triplicate and distribute as follows:

- White - Send to Wisconsin Department of Industry, Labor & Human Relations, Safety & Buildings Division, Box 7969, Madison, Wisconsin 53707.
- Yellow - Send to Owner who shall POST IT IN A CONSPICUOUS PLACE.
- Pink - Retain for file

State of Wisconsin  
Department of Industry, Labor & Human Relations  
**SAFETY AND BUILDINGS DIVISION**

Complete appropriate portion

<b>REFRIGERATION SYSTEMS</b>			
<b>TYPE</b>			
<input type="checkbox"/> Self contained		<input type="checkbox"/> Direct	<input type="checkbox"/> Indirect
<b>USE</b>			
<input type="checkbox"/> Air Cond.		<input type="checkbox"/> Mfg. or Storage	<input type="checkbox"/> Rocr.
<b>CAPACITY</b>			
Tons _____		kVA _____	H.P. _____
Refrigerant _____		Pounds in system _____	Serial no. _____
<b>DISTRIBUTION PIPING</b>		<b>CONNECTIONS</b>	
<input type="checkbox"/> Steel		<input type="checkbox"/> Copper	<input type="checkbox"/> Welded
<input type="checkbox"/> Other _____		<input type="checkbox"/> Soldered	<input type="checkbox"/> Brazed
<input type="checkbox"/> Threaded			
User or Owner Name _____		City _____ State _____ Zip Code _____	
Street Address _____			
Installing Contractor Name _____		Street Address _____	
Date Installation Completed _____		Instaler Signature _____	Title _____
			Date Registered _____

SAMPLE

A 45.30 (2) and 45.31 (2) Forms. The following form (SBD-8908) is referred to in ss. ILHR 45.30 (2) and 45.31 (2). Copies are available from the Division of Safety and Buildings, Boiler Safety Section, P.O. Box 7969, Madison, WI 53707.

## WISCONSIN ADMINISTRATIVE CODE

Wisconsin Department of Industry,  
Labor and Human Relations  
Safety and Buildings Division

**REFRIGERANT HANDLING CERTIFICATION  
(OZONE-DEPLETING)**

Boiler Safety Section  
P.O. Box 7989  
Madison, Wisconsin 53707  
Telephone: (608) 265-1904

Business Name		Business Telephone (include area code)
Business Address		( )
City	State	Zip Code

On behalf of the above named business, (print company official's name) \_\_\_\_\_, certifies to the Department of Industry, Labor and Human Relations that the general requirements outlined below and specified in Chapter IT HR 45 will be followed to reduce the quantity of ozone-depleting compounds which may be released into the atmosphere in the process of recovery and/or recycling of refrigerants.

**SERVICING OF REFRIGERATION EQUIPMENT**

It is certified:

1. That the business establishment does not improperly release ozone-depleting refrigerant to the atmosphere;
2. That the business establishment does not use ozone-depleting refrigerant to clean the exterior surfaces of refrigeration equipment;
3. That the business establishment transfers the ozone-depleting refrigerant from refrigeration equipment to storage containing recycling equipment that is approved by the Department whenever the business establishment removes ozone-depleting refrigerant from refrigeration equipment;
4. That the individuals who use the equipment to transfer ozone-depleting refrigerant have, or are under the supervision of individuals who have, the qualifications established by the Department;
5. Whenever the business establishment recycles the ozone-depleting refrigerant, the establishment uses recycling equipment approved by the Department; and
6. The individuals who use the approved recycling equipment have the qualifications established by the Department.

Company Official's Signature

Date Signed

**SALE OF RECLAIMED REFRIGERANT**

It is certified:

1. That the business establishment does not improperly release ozone-depleting refrigerant to the atmosphere;
2. That the business establishment or another person has reclaimed the ozone-depleting refrigerant to be sold using equipment approved by the Department; and
3. That the individuals who use the approved equipment have the qualifications established by the Department.

Company Official's Signature

Date Signed

SD 890A (R 08-91)