

Leak Rate Exceedance Notification Form

Language assistance available

You can ask for this form in another language. Contact us at hfc@ecy.wa.gov to request translation or interpretation services.

Overview:

The owner or operator of a facility that has a refrigeration or air conditioning system that exceeds the applicable leak rate threshold, based on the 12-month rolling average, must notify Ecology, through the Refrigeration and Air-conditioning Management Platform (RAMP), within 30 days of determination of each exceedance.

For more information, see WAC [173-443-155](#).

Required Information:

Facility Name: _____

RAMP ID: _____

Equipment Name: _____

Full Charge Size: _____

12-Month Rolling Average Leak Rate (% , percent): _____

For guidance on calculating leak rates, refer to the [How to Calculate Leak Rate focus sheet](#)

Date of Leak Detection (mm/dd/yyyy): _____

Leak Detection Method: _____

NOTE: If you submit this form before successfully repairing the leak, update the form with the information below and re-submit the notification within the required timeframes.

Date of leak repair (mm/dd/yyyy): _____

Date of verification test (mm/dd/yyyy): _____

Results: ☐Pass ☐Fail

(Must notify Ecology within 30 days of results of verification test)

Date of Follow up Verification Test (mm/dd/yyyy): _____

Results: ☐Pass ☐Fail

(Must notify Ecology within 30 days of results of follow-up verification test)

Signatory authority

I, _____ (first and last name), as person with Signatory Authority, am submitting this form on behalf of _____ (name of company or facility), with the understanding that the information contained in this form is considered an official submission to the Washington State Department of Ecology for purposes of compliance with the Hydrofluorocarbons (HFCs) – Emissions Reduction regulation.

By submitting this report, I certify that:

- I am authorized to submit it on behalf of the company named above
- The information I provide is true, correct, and complete to the best of my knowledge
- I understand that knowingly submitting false information is a crime under RCW 9A.76.175, RCW 9A.72.040, RCW 40.16.030, or other applicable state, municipal, or federal laws

I understand that I am legally bound by my statements in this report.

Signature(s):

Operator

Name: _____

Signature: _____

Date: _____

Owner (if different than operator)

Name: _____

Signature: _____

Date: _____

Accessibility

To request an ADA accommodation, contact Ecology by phone at 360-407-6800 or email at HFC@ecy.wa.gov, or visit <https://ecology.wa.gov/accessibility>. For Relay Service or TTY call 711 or 877-833-6341.