	For the Period of	20 th	nrough	_ 20		
	VIRGIN REFRIGERANT/HALON USA	GE	or RECOVERED ODS USA	GE		
Name of T	echnician:	Certificatio	n Number: MB Emplo	oyer:		_
Date	Location of Work Performed and/or	Invoice or	Type of Work Performed (repair/	Refrig.	Amount	Balance/
	Customer Address & Contact Name	Work Order #	install) & Type fo Unit/System	ODS Type	Re/charged	Total
	+					
			Substance Type		Total Used	
			Substance Type		Total Used	
			Substance Type		Total Used	

Submit a copy of this info by Feb. 1st every year for the previous years ODS work records (January 1- December 31). Provide a copy to your employer and maintain a copy for your records for a period of 3 years and mail or fax a copy of the sheets to: The Manitoba Ozone Protection Industry Association, 1082 Main St., Wpg., MB, R2W 5J3 or fax to (204) 338-0810. Any questions please call (204) 338-2222. www.mopia.ca E-Mail mopia@r Note: Customer's invoice/work order should explain the services provided (on file). Make these records available to an Environmental Officer upon request.