

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 - Attach Registration Fee of \$16.00 making check payable to Wisconsin Department of Industry, Labor & Human Relations. Send to Safety & Buildings Division, Box 7969, Madison, Wisconsin 53707.

Yellow - Send to Owner who shall POST IT IN A CONSPICUOUS PLACE

Pink - Retain for file

Name of User or Owner _____

Street Address _____

City _____ State _____ Zip _____

Name of Installing Contractor _____ Street Address _____

Date installation Completed _____ Signature of Installer _____ Title _____

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

Complete appropriate portion

REFRIGERATION SYSTEMS			
TYPE	<input type="checkbox"/> Self contained <input type="checkbox"/> Direct <input type="checkbox"/> Indirect		
USE	<input type="checkbox"/> Air Cond <input type="checkbox"/> Mtg. or Storage <input type="checkbox"/> Floor		
CAPACITY			
Tons _____ KVA _____ HP _____			
Refrigerant _____ Pounds in system _____ Serial No. _____			
DISTRIBUTION PIPING	CONNECTIONS		
<input type="checkbox"/> Steel <input type="checkbox"/> Copper <input type="checkbox"/> Other _____	<input type="checkbox"/> Welded <input type="checkbox"/> Braided <input type="checkbox"/> Soldered <input type="checkbox"/> Threaded		
City _____ State _____ Zip Code _____			
Date installation Completed _____	Signature of Installer _____	Title _____	Date Registered _____