



**REFRIGERATION AND
FOOD STORE EQUIPMENT LTD.**

10456 170 STREET, EDMONTON, AB T5S 1M4
TEL: (780) 444-0829 FAX: (780) 444-0854
Toll free : 1-877-736-7287
www.ctrca.com

INVOICE

Invoice No.: 25815
Invoice Date: 6/10/2019
GST # 86652 1834 RT
CONTRACT #
WORK ORDER # 34268
PO NUMBER: 4200377009

Customer ID: CG-LOB001
LOBLAWS INC.
ATTN: MIRO PROCESSING
101 WESTON STREET
WINNIPEG, MB R3E 2T4
Telephone: 1-855-337-2367

Service location:
SHOPPERS DRUG MART #2341
10015 107 STREET
WESTLOCK, AB T7P2K7

Description: ALARMS

Work Report

12-24-18

Drove to site. Checked coils and fans. Went to roof. Checked condensing unit. Unit running low suction pressure, sight glass flashing. Put refrigerant until sight glass was cleared. Pumped down system and checked TXV screens. Txv screens were plugged, they were cleaned with nitrogen. Checked system operation. Unit working okay. Fan making noise. Fan blade was loose. Tightened fan blade screw. Checked thermostat settings. Leak Checked. Cleaned up. Checked walk in cooler. Checked thermostat settings
Unit working okay

Item	Quantity	Description	Unit Price	Amount
Labour	6.50	Overtime	139.88	909.19
Misc	182.00	MILEAGE CHARGE	0.75	136.50
Misc	1.00	SUNDRY	15.00	15.00
Misc	1.00	LEAK CHARGE	35.00	35.00
Misc	1.00	EVACUATION CHARGE	35.00	35.00
Parts	5.00	R404A REFRIGERANT & ENVIRONMENTAL LEVY	20.80	104.00

Material 104.00
Labour 909.19
Other 221.50

Billable Subtotal:	1,234.69
GST	61.74
Total Amount Due:	\$1,296.43

TERMS: NET 15 DAYS

A SERVICE CHARGE OF 2% PER MONTH WILL BE CHARGED ON BALANCES NOT PAID WITHIN 30 DAYS.

CTR REFRIGERATION AND FOOD STORE EQUIPMENT LTD. REMAINS THE SOLE OWNER OF ALL ITEMS LISTED IN THIS INVOICE UNTIL FINAL PAYMENT COMPLETE.

**SERVICE REPORT**

WORK ORDER:

34268

DATE: 12/24/2018

CUSTOMER: SHOPPERS DRUG MART #2341 (AR#:CG-LOB001) MAKE: KEEPRITE (ID# 6378)
SITE ALIAS: SDM 2341 MODEL: KEZA050M6-HT3B-N171
STREET: 10015 107 STREET SERIAL #: 102303652
CITY: WESTLOCK, AB T7P2K7 INSTALLED AT: Drink cooler
CONTACT: Issaka

DESCRIPTION: Cooler
CALL TYPE: Refrigeration - Service
TROUBLE REPORTED: Alarms
WORK PERFORMED: Drove to site
Checked coils and fans
Went to roof
Checked condensing unit
Unit running low suction pressure, sight glass flashing
Put refrigerant until sight glass was cleared
Pumped down system and checked TXV screens
Txv screens were plugged, they were cleaned with nitrogen
Checked system operation
Unit working okay
Fan making noise
Fan blade was loose
Tightened fan blade screw
Checked thermostat settings
Cleaned up (TANGARIFE NUNEZ;JAIME on Dec 24, 2018)
Leaked checked (TANGARIFE NUNEZ;JAIME on Dec 24, 2018)
Checked walk in cooler
Checked thermostat settings
Unit working okay (TANGARIFE NUNEZ;JAIME on Dec 24, 2018)

PARTS	
QUANTITY	DESCRIPTION
5	REFRIGERANT & ENVIRONMENTAL LEVY
1	TRUCK CHARGE
1	SUNDRY

REFRIGERANT		
CHANGE	REFRIGERANT	QTY (PDS)
Add	R404A - REFRIGERANT & ENVIRONMENTAL LEVY	5

LABOR		
DATE	LABOR	TECHNICIAN/DESC
12/24/2018	6.5 (Overtime)	TANGARIFE NUNEZ;JAIME (General)

IS JOB COMPLETE? **Yes****Customer**

Name: Shana

Date: 12/24/2018 01:08 AM

Comments:

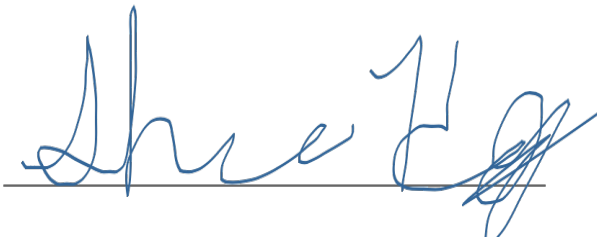
Email**Technician**

Name: JAIME TANGARIFE NUNEZ

Date: 12/24/2018 01:08 AM

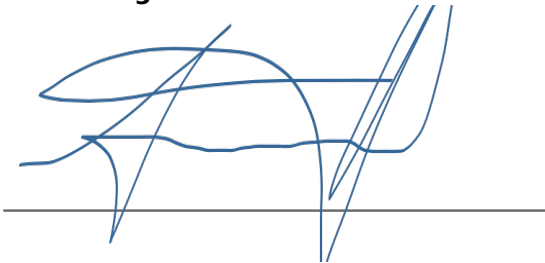
Comments:

Customer Signature



A handwritten signature in blue ink, appearing to read "Steve", written over a horizontal line. The signature is stylized with a large initial 'S' and a trailing flourish.

Technician Signature



A handwritten signature in blue ink, consisting of several overlapping loops and a long vertical stroke, written over a horizontal line.

Report Date:

LOBLAWS INC. REFRIGERANT LEAK REPORT

Version 2014 Revision A

STORE SERVICED AND WORK ORDER INFORMATION							
Store No.: SDM 2341 [Store Name] [Street Address] 10015 107 ST [City, Province, Postal Code] Westlock, AB		Loblaws Maintenance Help Desk Work Order Number: Contractor Work Order Number: Invoice Number: 102303652 34268 Invoice Date:					
SERVICE CONTACTOR							
[Contractor Name] [Street Address] [City, Province, Postal Code] ODP/ODS No.:		Service Technician Name(s): Jaime Tangarife Nunez					
UNIT/SYSTEM INFORMATION							
System Affected: Refrigeration <input checked="" type="checkbox"/> HVAC <input type="checkbox"/> Other <input type="checkbox"/> Source of leak: Manufactured equipment <input checked="" type="checkbox"/> Equipment new install <input type="checkbox"/> Piping <input type="checkbox"/>		Manufacturer: Keeprite Unit Model Number: KE2A050M6-HT3B-W171 System Identification: 102303652 Amount of Refrigerant in System (lbs): 20.6 (estimated.) Refrigerant Type (use ASHRAE #): 404A					
LEAK DESCRIPTION							
Leak Cause: Compressor Service Cap loose		Leak Origin: Section Service Valve Cap loose.					
Leak Discovery (How was it found?): Leak Check ~							
REPAIR INFORMATION							
(SHOW INDIVIDUAL REPAIRS SEPARATELY – USE A NEW FORM IF MORE THAN 2 REPAIRS FOR ONE LEAK)							
Service Date MM/DD/YYYY	Amount Added (lbs)	Amount Added (kg) <small>1 kg = 2.20462 lbs</small>	Repair Description (please be specific). Include repair performed (weld, tighten, etc.) and parts on which repair was performed.	Leak Tested after Repair? (Y/N)			
12/24/2019	5	2.27	Tightened Service Cap	Yes.			
PROVINCIAL REGULATORY BODY REPORTING							
(When reporting a refrigerant leak by phone to the Provincial Regulatory Body, please use the following statement: "I am calling to report a refrigerant leak on behalf of Loblaws Inc. for the site located at (store banner and address). The amount added into the systems is (amount leaked) kilograms. My name is (name of technician) and I am working for (name of service company).")							
Service Date MM/DD/YYYY	Amount Added (kg)	Leak Exceeds Provincial Threshold (Y/N)	Provincial Regulatory Body Notified (Y/N)	Date and Time of Report (MM/DD/YYYY HH:MM)	Method of Reporting (Phone/Fax/Email)	Confirmation Number (N/A if fax or email)	Name of Officer/Agent who took call (phone report), Fax Number (fax report) or Email Address (email report)
12/24/19	2.	NO	NO				

Contractor Signature

Date

By submission of this report to Loblaws Inc., Contractor agrees that the information provided in this report is accurate to the best of their knowledge, and that all refrigerant replenishment requests and/or invoicing shall be reviewed and approved by Loblaws Inc. prior to shipment and/or payment.

Report must be sent electronically to LCLCorporateRefrigerantLeak@loblaw.ca. A copy of the report must be attached with the corresponding submitted invoice.