



ASPEN Refrigerants, Inc.
38-18 33rd Street
Long Island City, NY 11101
(718) 392-8002 Fax: (718) 392-8006
Toll Free (800) 473-3766

Instructions for Reporting Possible “Defective” Cylinder Received from ASPEN Refrigerants, Inc.

If you believe you have received a defective cylinder from our company please follow the instructions listed below to help us determine if the cylinder is defective. Please have the following information available before you proceed

- Refrigerant type
- Refrigerant size
- Brand name
- Location of product
- Cylinder Serial Number
- ASPEN brand must have QC# & date
- Date received from ASPEN
- Description of defect

- 1) Call 1-800-473-3766 and ask for the Defective Cylinder Department.
- 2) Please have the cylinder/drum information (listed above, in bold) ready and specify if you would like the cylinder replaced or your account credited, once the cylinder has been inspected.
- 3) You will be faxed or emailed a form to complete and return immediately via fax to (718) 392-9893 or email to ARI-Defectives@aspenrefrigerants.com.

Note: When reporting a ASPEN cylinder defect the QC# and date found on a label on the cylinder must be listed on this form in addition to the serial #. We will process your claim as soon as this completed form is received by our Defective Cylinder Department.

- 4) You will be issued a claim number (a replacement cylinder, if requested will be shipped as soon as the claim is issued).
- 5) You will be mailed a package containing a disposition letter with further instructions, along with the cylinder identification tags for returning product to the appropriate refrigerant manufacturer or to an ASPEN Refrigerants plant.
- 6) Upon receipt of the above package please call 800-473-3766, and ask for the Defective Cylinder Department to arrange for a freight carrier's pickup.
- 7) After pickup of cylinder by the freight carrier, you **must** then fax a copy of the **signed** bill of lading including pro number to (718) 392-9893 or scan and email to ARI-Defectives@aspenrefrigerants.com.
- 8) Upon receipt of cylinder at either a manufacturers' facility or an ASPEN plant the cylinder will be inspected for defect. ASPEN Refrigerants' Defective Cylinder Department will be notified of the results of the inspection and credit will be issued accordingly.

Note_1 Regarding claims of cylinders received empty or light weight. All manufacturers' as well as ASPEN Refrigerants, Inc. ship their cylinders with the valves sealed with a protective shrink wrap. No claims for empty or light weight material will be considered unless the seal is intact at the time of its return for inspection.

Note_2 If you believe you have a refrigerant cylinder that is currently leaking, **STOP** please refer to information on page two of this document.

Caution—Leaking Refrigerant Cylinder!

- 1.) If you believe you have a cylinder that is actively leaking due to a defect, then recovery of the refrigerant to prevent continued release is mandatory by the custodian of the cylinder, and required by the EPA. Failure to prevent loss is the responsibility of the custodian of the cylinder.
- 2.) Leaking cylinders **cannot be ship via freight transport** while there is an active leak from the cylinder.
- 3.) DOT regulations require that 30 and 50 pound (DOT-39) cylinders be shipped inside a strong outer packaging, such as a box or crate. Shipping cylinder in its original packaging is recommended. DOT does not permit shipping these cylinders without their product specific outer packaging.

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Notification of possible “defective” material

ASPEN Refrigerants, Inc.
 38-18 33rd Street
 Long Island City, NY 11101

Fax to: (718) 392-9893 or scan and
 email to: ARI-Defectives@aspenrefrigerants.com

Attention: Defective Cylinder Department

Please accept this letter as our notification of the receipt of “possible defective” material received from your company.

_____ R_____ (_____) _____
 (qty) (brand) (refrigerant type) (size) (serial #) (ASPEN QC# & date)

_____ R_____ (_____) _____
 (qty) (brand) (refrigerant type) (size) (serial #) (ASPEN QC# & date)

Description of Defect (*please check one*):

Empty Partial Defective Stem Defective Valve/Handle

Off spec (must supply lab report with this form or explain how material is “Out of Spec”)

Comments: _____

Other: _____.

IS VALVE SEAL INTACT? (<i>must check one</i>)	Yes	No
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This product was received on _____, Airgas invoice # _____,
 and P.O. # _____. (date)

We would like this material:
 replaced and shipped to _____
 (location)
 credited to our account.

This form was completed by:

_____ (company name and location) _____ (name and title)

_____ (telephone) _____ (signature)

_____ (fax) _____ (date form complete)