

CONFIDENTIAL

WITNESS TESTING OF TRANSPORT REFRIGERATION EQUIPMENT

PERSONNEL - EXPERIENCE QUESTIONNAIRE

Participant's Company Name: _____

Location: _____

Describe below in brief the length of service in the refrigeration and/or air-conditioning field, and experience of the personnel directly responsible for the conduct of the testing to be witnessed. State name, title and area of responsibility in the sections noted. It is assumed that the descriptions shall be those of your key test personnel and not necessarily of management personnel.

1. Name: _____ Title: _____

Area of Responsibility:

Experience:

2. Name: _____ Title: _____

Area of Responsibility:

Experience:

Date: _____

Complied by: _____