



Clean Air Act and AIM Act Leak Reporting

Clean Air Act & AIM Act Leak Reporting User Guide



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User Guide Topics

Introduction	1
Section I. Registration	2
I.1. Leak Reporter Registration Overview.....	2
I.1.A. New CDX User Registration	2
I.1.B. Add HFC-ODS-R Program Service to an Existing CDX Account	13
Section II. Instructions for Completing and Uploading Leak Reporting Forms	20
II.1. Completing ER&R Leak Reporting Forms (Excel form)	20
II.1.A. Leak Repair Extension Request	20
II.1.B. Retrofit or Retirement Plan Extension Request	24
II.1.C. Request for Relief from Retrofit or Retirement Plan	29
II.1.D. Chronic Leak Report	33
II.1.E. Notification of Excluded Purged Refrigerant	37
II.2. Completing CAA Section 608 Leak Reporting.....	43
II.2.A. Leak Repair Extension Request	43
II.2.B. Retrofit or Retirement Plan Extension Request	44
II.2.C. Request for Relief from Retrofit or Retirement Plan	46
II.2.D. Chronic Leak Report	47
II.2.E. Notification of Excluded Purged Refrigerant	48
II.3. Access Your HAWK Account for Leak Reporting.....	49
II.3.A. Login.gov	50
II.3.B. MyCDX Page	51
II.3.C. HAWK Homepage	52
II.4. Submit Leak Reports.....	52
II.5. View Leak Report Documents	59
II.5.A View Leak Reports in CDX.....	59
II.5.B View Leak Reports in HAWK	61
II.6. Resubmit a Leak Report.....	63
Annex A. Definitions	72
Annex B. Reporting and Recordkeeping Requirements	73
Annex C. Update Your CDX Account Information	74
Annex D. Deactivating CDX Accounts	76

Introduction

This reporting guide is only for informational purposes and should not be relied on for regulatory compliance. Refer to [40 CFR Part 84, Subpart C](#) for full details on submitting leak reports for appliances containing certain hydrofluorocarbons (HFCs) or substitutes and [40 CFR Part 82, Subpart F](#) for submitting leak reports for appliances containing ozone-depleting substances (ODS) used as refrigerants.

This guide provides information on how to fill out Emissions Reduction and Reclamation (ER&R) leak reports under the American Innovation and Manufacturing (AIM) Act, how to fill out Clean Air Act (CAA) section 608 leak reports, and how to submit them through EPA's online reporting tool, HAWK.

To submit a report through HAWK, you must first have a Central Data Exchange (CDX) account and be registered with the Hydrofluorocarbon and Ozone Depleting Substances Reporting (HFC-ODS-R) Program Service in CDX.

Resources and information on downloading the ER&R Leak Reporting Forms (also refer to Section II of this guide), along with information and answers to frequently asked questions about the 2024 ER&R final rule (89 FR 82682) and CAA section 608 requirements are available on EPA's website:

- **Section 608 Program Home** – www.epa.gov/section608
- **Section 608 Reporting Resources** – www.epa.gov/section608/recordkeeping-and-reporting-requirements-stationary-refrigeration
- **ER&R Program Home** – www.epa.gov/climate-hfcs-reduction/managing-use-and-reuse-hfcs-and-substitutes
- **ER&R Reporting Resources** – www.epa.gov/climate-hfcs-reduction/reporting-resources-emissions-reduction-reclamation-rule
- **ER&R Frequent Questions** – www.epa.gov/climate-hfcs-reduction/frequent-questions-phasedown-hydrofluorocarbons

Section I. Registration

Section I outlines how to register for HAWK if you are a new user and how to select the Program Service if you are an existing user.

To access HAWK, a valid CDX account is required. Registering for HAWK is a one-time, multi-step process that will need to be completed prior to submitting reports electronically. The steps include Core CDX Registration and LexisNexis Identity Proofing.

- New users will need to register with CDX.
- New users who do not already have a Login.gov account are recommended to first [go to Login.gov and create an account](#) before proceeding with the CDX registration.
- Existing users should log in to CDX and add the “Hydrofluorocarbon and Ozone Depleting Substances Reporting (HFC-ODS-R)” Program Service to their CDX account.
- Users can and should use one CDX account for all reporting to the U.S. EPA, including when reporting for multiple programs.

Attention Existing HAWK and eGGRT Users

- You do not need to create a new CDX account.
- If you have two separate accounts for HAWK and EPA’s electronic Greenhouse Gas Reporting Tool (eGGRT), you must register for the HAWK program service under your HAWK CDX account. Follow instructions in *Section I.2 Add HAWK to Your Program Services (Existing CDX Users)*.

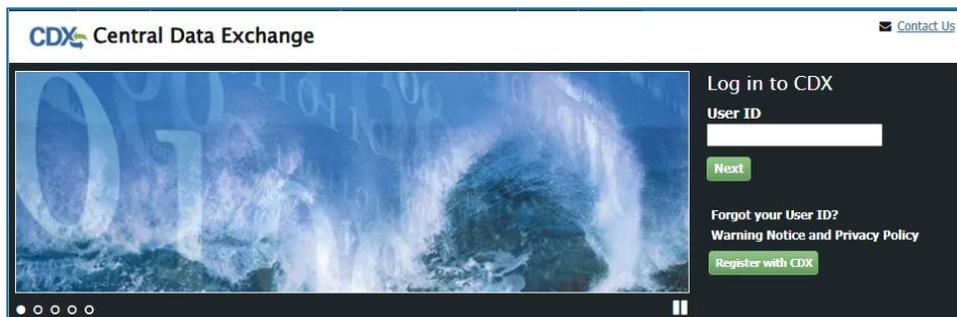
Additional information about CDX is available at <https://cdx.epa.gov/About/AboutRegulation>.

I.1. Leak Reporter Registration Overview

I.1.A. New CDX User Registration

Step 1: Register for a CDX Account

First-time users navigate to the CDX website at <https://cdx.epa.gov>. Select the “Register with CDX” button.



Step 2: Read and Accept the Terms and Conditions

After reading the Terms and Conditions, accept the Terms and Conditions by checking the box “I am the original registrant and owner of the User ID requested” and click the “Proceed” button.

CDX Terms and Conditions [Contact Us](#)

The access and use of CDX Registration for the electronic submittal of environmental information require the creation of a CDX User ID and login credentials that I must maintain and keep confidential. I will review the following steps concerning the creation and maintenance of a CDX User ID and login credentials.

Warning Notice

In proceeding and accessing U.S. Government information and information systems, you acknowledge that you fully understand and consent to all of the following:

1. you are accessing U.S. Government information and information systems that are provided for official U.S. Government purposes only;
2. unauthorized access to or unauthorized use of U.S. Government information or information systems is subject to criminal, civil, administrative, or other lawful action;
3. the term U.S. Government information system includes systems operated on behalf of the U.S. Government;
4. you have no reasonable expectation of privacy regarding any communications or information used, transmitted, or stored on U.S. Government information systems;

I am the original registrant and owner of the User ID requested

WARNING: It is a federal crime to submit identifying information for anyone other than yourself, or to use or share information with or without another user's consent. Accordingly, by checking the box, above, you attest that you are the named account holder and sole registrant to whom account information belongs.

[Proceed](#) [Cancel](#)

Step 3: Select Your Program Service

Locate and select “Hydrofluorocarbon and Ozone Depleting Substances Reporting” Program Service from the list by either scrolling down the list or entering “HFC-ODS-R” in the search criteria box.

1. Program Service > 2. Role Access > 3. Organization Information

Begin typing a program service name or related keywords to filter the list of available services (e.g., air quality system, AQS, or Clean Air Act).

Active Program Services List

HFC-ODS

HFC-ODS-R: Hydrofluorocarbon and Ozone Depleting Substances Reporting

Step 4: Select the Role

Select the “Leak Reporter” role from the “Select Role” dropdown. Click the “Request Role Access” button.

1. Program Service ✓ 2. Role Access 3. Organization Information

Registration Information	
Program Service	Hydrofluorocarbon and Ozone Depleting Substances Reporting
Role	Not selected

Select a role from the drop down list and provide any required additional information, if applicable.

Select Role:

Request Role Access

Step 5: Enter User ID and Email

- Create a unique User ID, which must be more than seven (7) characters long.
 - Acceptable special characters: period (.), hyphen (-), underscore (_) and at (@)
- Enter your email address.

Click the “Continue Registration” button.

CDX Core CDX Registration [Contact Us](#)

1. Program Service ✓ 2. Role Access ✓ 3. Identity Credentials 4. User and Organization

Please fill out all required fields marked with an asterisk(*)

Part 1: User Information

User Id *

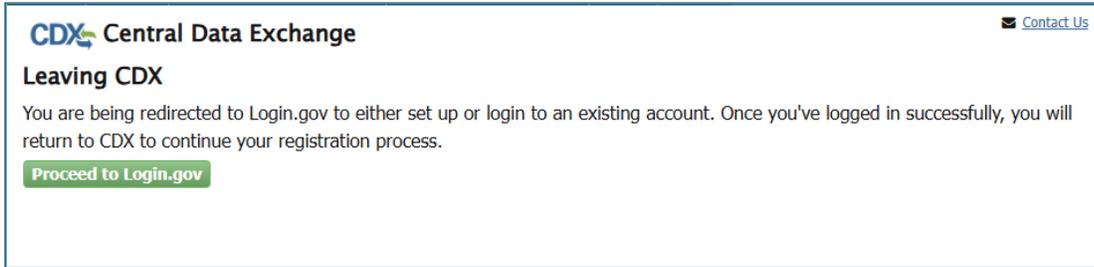
Email Address: *

Notes

- It is important that you remember your User ID; you will need this information to access your CDX account and submit reports to EPA.
- The final step in the “Identity Credentials” section includes accessing Login.gov.

Step 6: Proceed to Login.gov

Click the “Proceed to Login.gov” button. You will be redirected to Login.gov.



CDX Central Data Exchange [Contact Us](#)

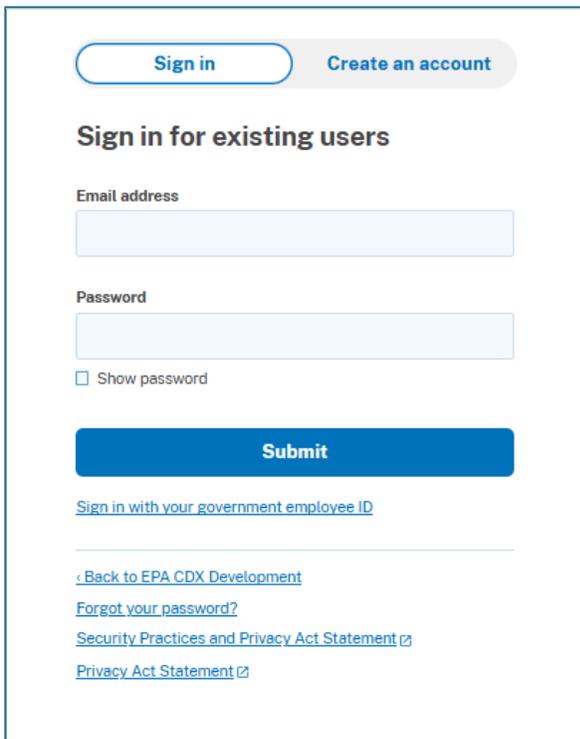
Leaving CDX

You are being redirected to Login.gov to either set up or login to an existing account. Once you've logged in successfully, you will return to CDX to continue your registration process.

[Proceed to Login.gov](#)

Step 7: Log in to or Create a Login.gov Account

If you have an existing Login.gov account, sign in with your Login.gov credentials. If you do not have an existing Login.gov account, select “Create an account” and follow the steps to create an account for new users. Ensure the email you enter is the same email address you entered under Step 5.



[Sign in](#) [Create an account](#)

Sign in for existing users

Email address

Password

Show password

[Submit](#)

[Sign in with your government employee ID](#)

[Back to EPA CDX Development](#)

[Forgot your password?](#)

[Security Practices and Privacy Act Statement](#)

[Privacy Act Statement](#)

Once you are logged in, you will return to CDX to fill out the fields in the “User and Organization” section.

Step 8: Provide User Information

Part 1: User Information

There are two parts to user and organization. Note, the registration process requires additional proof of identity, so it is important that you use your legal name. Later in the registration process, you will need to complete a LexisNexis identity validation, which will automatically populate your first, middle (if applicable) and last name exactly as it is entered in this section.

Select a title and enter your first and last name (Middle Initial and Suffix are optional). Select three (3) security questions and provide an answer for each one.

- **First Name** – acceptable special characters: blank space, hyphen (-) and apostrophe (')
- **Middle Initial** – only one alphabetical character permitted
- **Last Name** – acceptable special characters: blank space, hyphen (-) and apostrophe (')
- **Security Answers** – acceptable special characters: alphanumeric, hyphen, single quote, period and blank space

CDX Core CDX Registration

1. Program Service ✓ > 2. Role Access ✓ > 3. Identity Credentials ✓ > 4. User and Organization

[Contact Us](#)
Logged in as LEAKREP2 ([Log out](#))

Registration Information

Program Service	Hydrofluorocarbon and Ozone Depleting Substances Reporting
Role	Leak Reporter

Please fill out all required fields marked with an asterisk(*)

Part 1: User Information

The program you are registering for requires additional proof of identity. Later in the registration process you will be given the option to use LexisNexis, an identity proofing service. LexisNexis will pull your first, middle and last name exactly as it is entered on this page.

User ID * LEAKREP2

Title *

First Name *

Middle Initial

Last Name *

Suffix

Security Question 1 *

Security Answer 1 *

Security Question 2 *

Security Answer 2 *

Security Question 3 *

Security Answer 3 *

Show Answers

Part 2: Organization Info

Enter organization or organization ID

Step 9: Provide Organization Information

As a leak reporter you may be reporting information to EPA for appliances at multiple facilities; it is suggested that you use a separate Organization ID for each facility. Search for your facility by typing its name into the Organization ID search bar. If someone else has already reported on behalf of your facility and you know the Organization ID that was used, you can use the Organization ID (if known) in the text box and click “Search.” If you cannot find your facility via the search function, then proceed with step 9c to “request to add your organization.”

Part 2: Organization Info

Search

Enter organization or organization ID

Organization ID	Organization Name	Address	City	State	ZIP Code
No data was found matching your criteria.					

Can't find your organization? [Use advanced search](#) or [request that we add your organization](#).

Cancel

Step 9a: Select Your Organization

If your organization appears in the search results, click the link under “Organization ID.”

Part 2: Organization Info

Search

Enter organization or organization ID

Organization ID	Organization Name	Address	City	State	ZIP Code
49773	Happy Corp#2	123 Main St.	Washington	DC	20871

Can't find your organization? [Use advanced search](#) or [request that we add your organization](#).

Cancel

What if My Organization’s Address Is Different from My Address?

To ensure the accurate tracking of data, EPA requires each reporting entity to use a consistent Organization ID in CDX. If your company has already begun using an Organization ID in CDX, but the address listed for that Organization ID is for a different facility/location than the address of the individual registering, you should still register under the established Organization ID. You will have the option to tailor the primary contact’s address when you submit a report to EPA.

Step 9b: Enter Organization Information

Enter your Phone number (phone number extension (ext) and fax number are optional). Click the “Submit Request for Access” button.

Part 2: Organization Info

Happy Corp#2
123 Main St.
Washington, DC, US
20871

Email * mytestemail@123.com

Phone Number *

Phone Number Ext

Fax Number

Wrong organization information? [Back to Search Results](#), [Use advanced search](#) or [request that we add your organization](#).

[Submit Request for Access](#)

Step 9c: Request to Add Your Organization

If your organization’s information is not already in CDX, you may request for CDX to add your organization by clicking on the “request that we add your organization” link.

Part 2: Organization Info

[Search](#)

Enter organization or organization ID

Organization ID	Organization Name	Address	City	State	ZIP Code
No data was found matching your criteria.					

Can't find your organization? [Use advanced search](#) or [request that we add your organization](#).

[Cancel](#)

Step 9d: Submit Request to Add Your Organization

Enter your organization information and click the “Submit Request for Access” button. EPA recommends using the same organization name that would appear on a business ID with the state or federal government. Once your organization is created, take note of the Organization ID assigned to it, to ease reporting access in the future if others submit leak reports for this facility.

Part 2: Organization Info

Organization Name *

Country *

Mailing Address *

Mailing Address 2

City *

State *

ZIP/Postal Code *

Email * xxx@x.com

Phone Number *

Phone Number Ext

Fax Number

[Back to Search Results](#) [Submit Request for Access](#)

Identity Proofing in CDX

As part of the CDX registration process, EPA requires proof of your identity. You may use an independent third-party electronic identity proofing service (i.e., LexisNexis) or print and submit a signed electronic signature agreement (ESA) through U.S. Postal Mail to EPA. LexisNexis, which is only available to users located within the United States, allows users to immediately access the HFC-ODS-R data flow following authentication; users that submit a paper ESA are required to wait business 7-10 days for EPA to receive their ESA and approve them for access.

If you wish to verify your identity using LexisNexis, continue to Step 10.

If you wish to submit a signed ESA through U.S. Postal Mail, skip to Step 12.

Step 10: Verify Your Identity Using LexisNexis

Once you submit a request for access, you will be directed to verify your identity using LexisNexis. Enter your home address, home or personal phone, date of birth, and last four (4) digits of your Social Security Number (SSN). This information is not stored or shared with EPA.

Verify that the name is yours by checking the box. Click the “Proceed with Verification” button.

1. Identity Verification
2. ESA

The program you are registering for requires additional proof of identity. Identity verification allows the EPA to confirm applicants have provided sufficient identity information in order to conduct business safely and securely. Your options are to use the electronic identity proofing service for immediate access to your program service or to print and submit a signed form through U.S. Postal Mail to the U.S. Environmental Protection Agency. **Note:** [Additional LexisNexis® Information](#)

LexisNexis® Instant ID

Legal Name

Deb M Test

Home Address

Address Line 1*

Address Line 2

City* State* Zip Code*

Home or Personal Phone

Home or Personal Phone

Date of Birth

Month* Day* Year*

Last 4 of SSN

Last 4 of SSN* Show SSN

The name above is me. Please proceed with LexisNexis® Validation.

[Paper Verification](#)
[Exit](#)

Step 11: Sign the ESA

Review and sign your CDX ESA by clicking on the “Sign Electronically” button.

CDX CDX Registration: Additional Verification [Contact Us](#)
Logged in as LEAKREP2 ([Log out](#))

1. Identity Verification ✓ 2. ESA

Electronic CDX Electronic Signature Agreement

The CDX electronic signature agreement (ESA) is an agreement between yourself and CDX that will authorize your electronic signature. By signing the ESA you agree to adhere to the conditions listed on the agreement below. Once the ESA has been signed, you will be authorized to sign and/or encrypt information for your data flow. For any questions regarding the CDX ESA, please contact the [CDX Help Desk](#).

Signing an electronic document on behalf of another person is subject to criminal, civil, administrative, or other lawful action.

**U.S. Environmental Protection Agency
ELECTRONIC SIGNATURE AGREEMENT**

In accepting the electronic signature credential issued by the U.S. Environmental Protection Agency (EPA) to sign electronic documents submitted to EPA's Central Data Exchange (CDX), and as a representative for:

Electronic Signature Holder Company Information

Organization Name:	Happy Corp#2
Address:	123 Main St.
City, State, Zip:	Washington, DC 20871
Province:	
Country:	US
Phone Number:	(901) 999-9999
E-mail Address:	mytestemail@123.com
Registrant's Name:	Mrs Deb Test
CDX User Name:	LEAKREP2

[Sign Electronically](#) [Cancel](#)

Certify that the information provided is correct by clicking on the “Accept” button.

I certify, under penalty of law that the information provided in this document is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signing an electronic document on behalf of another person is subject to criminal, civil, administrative, or other lawful action.

[Accept](#) [Decline](#)

You have successfully signed the ESA and registered for the HFC-ODS-R Program Service.

In the MyCDX tab, HFC-ODS-R will be displayed in the Program Services List with the active Leak Reporter role link.

Services Manage		
Status	Program Service Name	Role
	HFC-ODS-R: Hydrofluorocarbon and Ozone Depleting Substances Reporting	Leak Reporter

Step 12: Submit Signed ESA through U.S. Postal Mail

If you are unable to use LexisNexis for identity proofing, click the “Paper Verification” link.

1. Identity Verification
2. ESA

The program you are registering for requires additional proof of identity. Identity verification allows the EPA to confirm applicants have provided sufficient identity information in order to conduct business safely and securely. Your options are to use the electronic identity proofing service for immediate access to your program service or to print and submit a signed form through U.S. Postal Mail to the U.S. Environmental Protection Agency. **Note:** [Additional LexisNexis® Information](#)

LexisNexis® Instant ID

Legal Name

Home Address

Home or Personal Phone

Date of Birth

Last 4 of SSN
 Show SSN

The name above is me. Please proceed with LexisNexis® Validation.

[Paper Verification](#)
[Exit](#)

Click the “Sign Paper Form” button and then “Print to Mail.” Save an electronic copy of the ESA to your computer/device as a PDF. Print a copy of the file.

1. Identity Verification ✓
2. ESA

Paper CDX Electronic Signature Agreement

The CDX electronic signature agreement (ESA) is an agreement between yourself and CDX that will authorize your electronic signature. By signing the ESA you agree to adhere to the conditions listed on the agreement below. Once the ESA has been signed, you will be authorized to sign and/or encrypt information for your data flow. For any questions regarding the CDX ESA, please contact the [CDX Help Desk](#).

**U.S. Environmental Protection Agency
ELECTRONIC SIGNATURE AGREEMENT**

In accepting the electronic signature credential issued by the U.S. Environmental Protection Agency (EPA) to sign electronic documents submitted to EPA's Central Data Exchange (CDX), and as a representative for:

Electronic Signature Holder Company Information

Organization Name:	Happy Corp#2
Address:	123 Main St.
City, State, Zip:	Washington, DC 20871
Province:	
Country:	US
Phone Number:	(901) 999-9999
E-mail Address:	mytestemail@123.com
Registrant's Name:	Mrs Deb Test
CDX User Name:	LEAKREP3

[Cancel](#)
[Return to Electronic Verification](#)

1. Identity Verification **2. ESA**

Paper CDX Electronic Signature Agreement

The CDX electronic signature agreement (ESA) is an agreement between yourself and CDX that will authorize your electronic signature. By signing the ESA you agree to adhere to the conditions listed on the agreement below. Once the ESA has been signed, you will be authorized to sign and/or encrypt information for your data flow. For any questions regarding the CDX ESA, please contact the [CDX Help Desk](#).

**U.S. Environmental Protection Agency
ELECTRONIC SIGNATURE AGREEMENT**

**U.S. Environmental Protection Agency
ELECTRONIC SIGNATURE AGREEMENT**

Print to Mail Close

**U.S. Environmental Protection Agency
ELECTRONIC SIGNATURE AGREEMENT**

Country: US
Phone Number: (901) 999-9999
E-mail Address: mytestemail@123.com
Registrant's Name: Mrs Deb Test
CDX User Name: LEAKREP3

Sign Paper Form Cancel Return to Electronic Verification

You have successfully registered with CDX under the HFC-ODS-R Program Service.

Your account will not be activated (status “Awaiting ESA approval”) in MyCDX until EPA approves your paper form.

MyCDX Inbox My Profile Submission History Payment History

Services Manage

Status	Program Service Name	Role
	HFC-ODS-R: Hydrofluorocarbon and Ozone Depleting Substances Reporting	Leak Reporter

CDX Service Availability

[See the status for all program services](#)

News and Updates

No news/updates.

Add Program Service Manage Your Program Services

Step 12b: Read, Sign, and Mail the ESA to EPA

Review and sign the ESA and mail the document to EPA using one of the following addresses.

For Private Courier:

U.S. Environmental Protection Agency
HFC and ODS Reporting Program Manager
Chemicals, Coatings, and Products Division
William Jefferson Clinton East Building, Room 1309
1200 Pennsylvania Avenue, N.W.
Mail Code: 6205A

Washington, DC 20004

For U.S. Postal Service:

U.S. Environmental Protection Agency
 Chemicals, Coatings, and Products Division
 Office of Clean Air Programs
 Mail Code: 6205A
 1200 Pennsylvania Avenue, N.W.
 Washington, DC 20460

Notifying EPA of Your Hardcopy ESA

It is strongly encouraged that you send an email to HFCEmissionsReductions@epa.gov to notify EPA that you sent by mail a hardcopy ESA and provide a tracking number for the document. This will help EPA expedite the account activation process.

Step 13: Final Registration Notification

Once EPA has received the signed ESA by mail, your account will be activated. Allow 7-10 business days for your ESA to arrive by mail to EPA. You will be notified by email when your account has been activated.

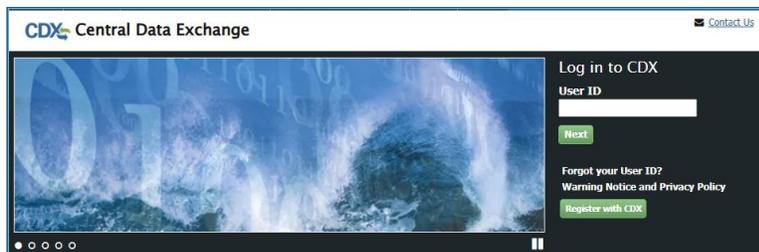
I.1.B. Add HFC-ODS-R Program Service to an Existing CDX Account

When Should I Register Under a New Organization?

The organization you register with and submit data under in CDX is used by the HAWK Reporting System to identify the reporting entity of each submission. CDX assigns each organization in its database with a unique 5-7-digit ID. The use of a consistent Organization ID by all individuals that submit reports on behalf of your company is required by EPA. If your company has previously submitted data to EPA through CDX under an Organization ID, you should only register and submit data under a new Organization ID in CDX if the name of your organization changes (e.g., due to a merger or acquisition). As a leak reporter, however, you may be reporting information to EPA for appliances at multiple facilities and it is suggested that you use a separate Organization ID for each facility.

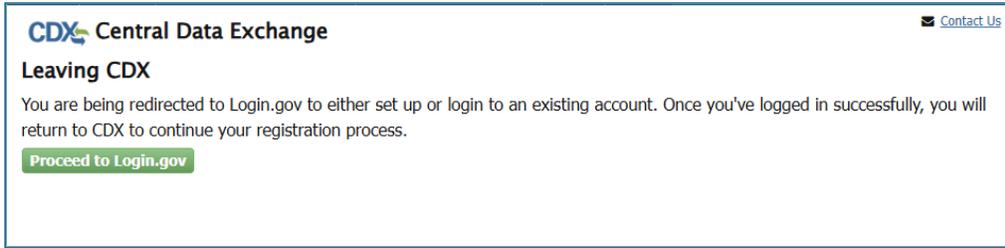
Step 1: Log in to CDX

Access the CDX website at <https://cdx.epa.gov>. Enter your User ID. Click the “Next” button.



Step 2: Proceed to Login.gov

Select the “Proceed to Login.gov” button.



CDX Central Data Exchange [Contact Us](#)

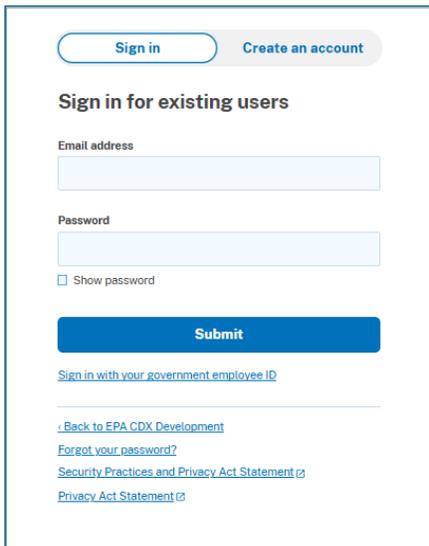
Leaving CDX

You are being redirected to Login.gov to either set up or login to an existing account. Once you've logged in successfully, you will return to CDX to continue your registration process.

[Proceed to Login.gov](#)

Step 3: Log in to Login.gov

Sign in with your Login.gov credentials.



[Sign in](#) [Create an account](#)

Sign in for existing users

Email address

Password

Show password

[Submit](#)

[Sign in with your government employee ID](#)

[Back to EPA CDX Development](#)

[Forgot your password?](#)

[Security Practices and Privacy Act Statement](#)

[Privacy Act Statement](#)

Once you are logged in, you will be redirected to MyCDX.

Step 4: Add Your New Organization

Click the “Add Program Service” button. This will take you through the edit Account Profile process.

The screenshot displays the MyCDX user interface. At the top, there are navigation tabs: MyCDX, Inbox, My Profile, Submission History, and Payment History. The main content area is divided into several sections:

- Services:** A table with columns for Status, Program Service Name, and Role. One entry is visible:

Status	Program Service Name	Role
	HFC-ODS-R: Hydrofluorocarbon and Ozone Depleting Substances Reporting	Leak Reporter
- CDX Service Availability:** A section with a link: [See the status for all program services](#).
- News and Updates:** A section stating "No news/updates."

At the bottom of the Services section, there are two buttons: "Add Program Service" and "Manage Your Program Services".

Step 5: Select “HFC-ODS-R” from the Active Program Services List

In the “Active Program Services List” field, begin typing the program service name to filter the results. Select the “HFC-ODS-R” Program Service.

The screenshot shows the search interface for the "Active Program Services List". At the top, there is a progress bar with three steps: 1. Program Service, 2. Role Access, and 3. Organization Information. Below the progress bar, there is a text input field containing "HFC-ODS". Below the input field, there is a dropdown menu showing the selected item: "HFC-ODS-R: Hydrofluorocarbon and Ozone Depleting Substances Reporting".

Step 6: Select the Role

Select the “Leak Reporter” role from the “Select Role” dropdown. Click the “Request Role Access” button.

1. Program Service ✓ 2. Role Access ✓ 3. Organization Information

Registration Information

Program Service	Hydrofluorocarbon and Ozone Depleting Substances Reporting
Role	Not selected

Select a role from the drop down list and provide any required additional information, if applicable.

Select Role:

Step 7: Add Your New Organization

Select “Request to Add an Organization.” Click the “Search” button.

1. Program Service ✓ 2. Role Access ✓ 3. Organization Information

Registration Information

Program Service	Hydrofluorocarbon and Ozone Depleting Substances Reporting
Role	Leak Reporter

Select a Current Organization
 Request to Add an Organization

Enter organization or organization ID

Step 8: Request to Add the New Organization

Click the “Request that we add your organization” link.

1. Program Service ✓
2. Role Access ✓
3. Organization Information

Registration Information

Program Service	Hydrofluorocarbon and Ozone Depleting Substances Reporting
Role	Leak Reporter

Select a Current Organization

Request to Add an Organization

Search

Enter organization or organization ID

Organization ID	Organization Name	Address	City	State	ZIP Code
Too many organizations found. Please refine your search using the advanced search below and try again.					

Can't find your organization? [Use advanced search](#) or [request that we add your organization](#).

Step 9: Enter Your New Organization Information

Enter the organization name, mailing address, city, state, ZIP/postal code, email and phone number. Click the “Submit Request for Access” button.

1. Program Service ✓
2. Role Access ✓
3. Organization Information

Registration Information

Program Service	Hydrofluorocarbon and Ozone Depleting Substances Reporting
Role	Leak Reporter

Select a Current Organization

Request to Add an Organization

Organization Name *

Country *

Mailing Address *

Mailing Address 2

City *

State *

ZIP/Postal Code *

Email *

Re-enter Email *

Phone Number *

Phone Number Ext

Fax Number

Back to Search Results
Submit Request for Access

Step 10: Sign the ESA

Why Do I Need to Sign Another ESA?

The ESA is specific to the organization under which you register. Therefore, when you register under a new organization in CDX, you are required to sign and submit a new ESA. If you did not previously sign your ESA electronically, you may be required to provide additional verification information or, alternatively, will be required to submit a paper-copy ESA through U.S. Postal Mail.

Review and sign your CDX ESA by clicking on the “Sign Electronically” button.

1. Identity Verification ✓
2. ESA

Electronic CDX Electronic Signature Agreement

The CDX electronic signature agreement (ESA) is an agreement between yourself and CDX that will authorize your electronic signature. By signing the ESA you agree to adhere to the conditions listed on the agreement below. Once the ESA has been signed, you will be authorized to sign and/or encrypt information for your data flow. For any questions regarding the CDX ESA, please contact the [CDX Help Desk](#).

Signing an electronic document on behalf of another person is subject to criminal, civil, administrative, or other lawful action.

U.S. Environmental Protection Agency
ELECTRONIC SIGNATURE AGREEMENT

In accepting the electronic signature credential issued by the U.S. Environmental Protection Agency (EPA) to sign electronic documents submitted to EPA's Central Data Exchange (CDX), and as a representative for:

Electronic Signature Holder Company Information

Organization Name:	New Leak Org
Address:	12 Test
City, State, Zip:	Arlington, TN 38133
Province:	
Country:	US
Phone Number:	(901) 999-9999
E-mail Address:	mytestemail@123.com
Registrant's Name:	Mrs CJ Test
CDX User Name:	DEBBIE20250811

Sign Electronically
[Cancel](#)

Certify that the information provided is correct by clicking on the “Accept” button.

I certify, under penalty of law that the information provided in this document is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Signing an electronic document on behalf of another person is subject to criminal, civil, administrative, or other lawful action.

Accept
Decline

A message will display stating that the Program Service was successfully added. To return to MyCDX, click the “Back to MyCDX” button.

Manage Program Services

Program Service successfully added to New Leak Org.
✕

Add Program Service
Back to MyCDX
[Expand All] [Collapse All]

Happy Corp#2, 123 Main St., Washington, DC, US 20871, (888) 888-8888

HFC-ODS-R: Hydrofluorocarbon and Ozone Depleting Substances Reporting

New Leak Org, 12 Test, Arlington, TN, US 38133, (901) 999-9999

HFC-ODS-R: Hydrofluorocarbon and Ozone Depleting Substances Reporting

You have successfully signed the ESA and registered for the Hydrofluorocarbon and Ozone Depleting Substances Reporting Program Service.

In the MyCDX tab, HFC-ODS-R will be displayed in the “Program Service Name” column with the active link for the Leak Reporter role. If you are reporting on behalf of several different facilities with different Organization IDs, you will find one entry into the HAWK reporting system available in the MyCDX tab.

Services		Manage
Status	Program Service Name	Role
	HFC-ODS-R: Hydrofluorocarbon and Ozone Depleting Substances Reporting	Delegate
	HFC-ODS-R: Hydrofluorocarbon and Ozone Depleting Substances Reporting	Leak Reporter

Section II. Instructions for Completing and Uploading Leak Reporting Forms

II.1. Completing ER&R Leak Reporting Forms (Excel form)

Download the appropriate reporting form from the ER&R reporting webpage:

www.epa.gov/climate-hfcs-reduction/reporting-resources-emissions-reduction-reclamation-rule.

General tips:

- Do NOT edit, modify or delete content or formatting of the reporting form or attempt to unprotect cells. Modifications to the reporting form will result in validation errors during the submission process. If you are experiencing issues or have questions regarding data entry, contact the Emissions Reduction and Reclamation help desk at: HFCEmissionsReductions@epa.gov.
- This reporting form was designed to be compatible with Excel version 2024. If you are using an earlier version of Excel, there may be limited functionality.

II.1.A. Leak Repair Extension Request

Instructions: Fill out and submit a Leak Repair Extension Request if you own or operate a refrigerant-containing appliance ("appliance") containing a full charge of 15 or more pounds of a refrigerant containing a hydrofluorocarbon (HFC) or a substitute for an HFC with a global warming potential above 53 that has exceeded the applicable leak rates, detailed in [40 CFR 84.106](#), and for which necessary repairs are unable to be completed within 30 days (or 120 days if an industrial shutdown process is required). Refer to [40 CFR 84.106\(f\)](#) for additional detail.

The reporting form includes the sections that follow.

Section 1: Company Identification

Instructions: Identify the name of the company that owns or operates the appliance. Provide business contact information only (i.e., not personal phone numbers or emails).

In Section 1, enter relevant contact information for the person submitting this report (Figure 1). The reporting data elements appear below.

Company Name:	
Reporting Year:	
Name of Owner or Operator:	
Phone Number of Owner or Operator:	
Email of Owner or Operator:	

Figure 1. Contact information data entry table as it appears in Section 1 of the Leak Repair Extension Request form

Data elements:

- Company Name:
 - Enter the company name for the appliance that is owned or operated.
- Reporting Year:
 - Enter the year for which the reporting requirement was triggered.
 - If the applicable leak rate was triggered and a Leak Repair Extension Request was submitted the following calendar year, but within the allowable timeframe (i.e., within 30 days of exceeding the applicable leak rate), enter the year the requirement was triggered.
- Name of Owner or Operator:
 - Enter the name of the owner or operator of the appliance for which a Leak Repair Extension Request is being submitted.
 - This person will serve as the point of contact for the request.
- Phone Number of Owner or Operator
 - Enter the contact phone number for the owner or operator.
- Email of Owner or Operator:
 - Enter the contact email address for the owner or operator.

Section 2: Facility Identification

Instructions: Provide the following location information for the facility where the appliance for which a leak repair extension is requested.

In Section 2, enter relevant information for the facility where the appliance is located (Figure 2). The reporting data elements appear below.

Facility Name	Street Address	City	State	Zip Code

Figure 2. Facility information data entry table as it appears in Section 2 of the Leak Repair Extension Request form.

Data elements:

- Facility Name:
 - Enter the name of the facility where the appliance is located.
- Street Address:
 - Enter the street address where the facility is located.
- City:
 - Enter the city where the facility is located.
- State:
 - Select the state where the facility is located from the dropdown list of states.
- ZIP Code:
 - Enter the ZIP code where the facility is located.

Section 3: Appliance Information and Leak Rate

Instructions: Provide the following information for the appliance for which a leak repair extension is requested.

In Section 3, enter relevant information about the appliance (Figure 3). The reporting data elements appear below.

Appliance Type	Full Charge of Appliance (lbs)	Method Used to Determine Full Charge	Leak Rate (%)	Leak Rate Calculation Method

Figure 3. Appliance information data entry table as it appears in Section 3 of the Leak Repair Extension Request form.

Data elements:

- Appliance Type:
 - Select the appliance type category from the dropdown list.
 - For additional context, refer to the definitions for “Commercial refrigeration,” “Industrial process refrigeration,” and “Comfort cooling” at [40 CFR 84.102](#).
 - The applicable leak rates per appliance type are provided in [40 CFR 84.106\(c\)\(2\)](#) and are as follows:
 - Industrial process refrigeration: 30%
 - Commercial refrigeration: 20%
 - Comfort cooling, refrigerated transport, and other appliances: 10%
- Full Charge of Appliance (pounds (lbs.)):
 - Enter the full charge of the appliance in lbs.
 - To convert from kilograms (kgs) to lbs., use a conversion factor of 2.2046 lbs./kg.
- Method Used to Determine Full Charge:
 - Select the method used to determine the full charge of the appliance from the dropdown list.
 - For additional context on the methods available, refer to the definition of “Full charge” at [40 CFR 84.102](#).
- Leak Rate (percentage (%)):
 - Enter the annual leak rate calculated for the appliance as a percentage.
- Leak Rate Calculation Method:
 - Select the leak rate calculation used for the appliance.
 - For additional context, refer to the definition of “Leak rate” at [40 CFR 84.102](#).

Section 4: Leak Description and Repair Plan

Instructions: Provide the following information to describe the leak, repair activities to date, and need for a repair extension.

In Section 4, enter information relevant to the leak, repair activities, and an explanation on the need for an extension (Figure 4). The reporting data elements appear below.

Date on which the appliance exceeded the applicable leak rate:	
Location of leak(s):	
Description of any repair actions performed to date and date(s) repair(s) occurred or were completed:	
Explanation of request for leak repair extension:	

Figure 4. Data entry table and boxes related to the leak description and repair plan as they appear in Section 4 of the Leak Repair Extension Request form.

Data elements:

- Date on which the appliance exceeded the applicable leak rate:
 - Enter the date when the appliance exceeded the applicable leak rate (i.e., the date the leak rate calculation was performed when the appliance was above the applicable leak rate).
 - For additional information on the applicable leak rates thresholds, refer to [40 CFR 84.106\(c\)\(2\)](#).
- Location of leak(s):
 - Briefly describe the location of the leak(s). For example, note if the leak is near a specific component (e.g., compressor).
- Description of any repair actions performed to date and date(s) repair(s) occurred or were completed:
 - Describe any repair(s) that occurred on the leak(s).
 - Include the date that the repair(s) occurred.
 - If additional space is needed, an attachment may be included.
- Explanation of request for leak repair extension:
 - Describe the reason why a leak repair extension is needed beyond the normal leak repair timeframe.
 - Review the conditions that must apply for a leak repair extension and align description to include information that is relevant to the applicable condition; refer to [40 CFR 84.106\(f\)\(1\)](#) for additional information.
 - If additional space is needed, an attachment may be included.

Section 5: Estimated Leak Repair Completion Date

Instructions: Provide an estimated date for repairs to be completed.

Additional instructions: If the estimated completion date is to be extended, provide the new estimated date of completion along with documentation of the reason for that change.

Respond with "N/A" if this is the initial submission of the Leak Repair Extension Request for this appliance's leak repair event.

In Section 5, enter the estimated date of repair completion. If applicable, enter a new estimated date of repair completion if further extension is required for leak repair. The reporting data elements appear below.

The figure displays two data entry boxes. The first box has a blue header with the text 'Estimated date of repair completion:' followed by a light blue rectangular input field. The second box has a blue header with the text 'New estimated date of repair completion:' followed by a light blue rectangular input field.

Figure 5. Data entry boxes for the estimated date of repair completion and the new estimated date of repair completion (if a further extension is needed) as they appear in Section 5 of the Leak Repair Extension Request form.

Data elements:

- Estimated date of repair completion:
 - Enter the estimated completion date of the leak repair.
 - For additional information, refer to [40 CFR 84.106\(f\)](#).
- New estimated date of repair completion:
 - Only enter a date in this field if you are requesting an additional extension on a leak repair.
 - Additional documentation must be provided describing the reason for the change in leak repair completion date.
 - Include the additional information as an attachment.
 - Enter "N/A" if the Leak Repair Extension Request form is being submitted for the first time related to a leak repair event.

II.1.B. Retrofit or Retirement Plan Extension Request

Instructions: Fill out and submit a Retrofit or Retirement Plan Extension Request if you own or operate a refrigerant-containing appliance ("appliance") containing a full charge of 15 or more pounds of a refrigerant containing an HFC or a substitute for an HFC with a global warming potential above 53 that has exceeded the applicable leak rates, detailed in [40 CFR 84.106](#), and are seeking an extension of time to complete the retrofit or retirement of the system. This request must be submitted within seven months of discovering that the industrial process refrigeration system exceeded the applicable leak rate. Refer to [40 CFR 84.106\(i\)](#) for additional detail.

The reporting form includes the sections that follow.

Section 1: Company Identification

Instructions: Identify the name of the company that owns or operates the appliance. Provide business contact information only (i.e., not personal phone numbers or emails).

In Section 1, enter relevant contact information for the person submitting this report (Figure). The reporting data elements appear below.

Company Name:	
Reporting Year:	
Name of Owner or Operator:	
Phone Number of Owner or Operator:	
Email of Owner or Operator:	

Figure 6. Contact information data entry table as it appears in Section 1 of the Retrofit or Retirement Plan Extension Request form.

Data elements:

- Company Name:
 - Enter the company name for the appliance that is owned or operated.
- Reporting Year:
 - Enter the year for which the Retrofit or Retirement Plan Extension was requested.
 - The request must be submitted to EPA within seven (7) months of discovering the appliance exceeded the applicable leak rate.
- Name of Owner or Operator:
 - Enter the name of the owner or operator of the appliance for which a Retrofit or Retirement Extension Request is being submitted.
 - This person will serve as the point of contact for the request.
- Phone Number of Owner or Operator:
 - Enter the contact phone number for the owner or operator.
- Email of Owner or Operator:
 - Enter the contact email address for the owner or operator.

Section 2: Facility Identification

Instructions: Provide the following location information for the facility where the appliance for which a retrofit or retirement extension is requested.

In Section 2, enter relevant information for the facility where the appliance is located (Figure). The reporting data elements appear below.

Facility Name	Street Address	City	State	Zip Code

Figure 7. Facility information data entry table as it appears in Section 2 of the Retrofit or Retirement Plan Extension Request form.

Data elements:

- Facility Name:
 - Enter the name of the facility where the appliance is located.
- Street Address:
 - Enter the street address where the facility is located.
- City:
 - Enter the city where the facility is located.
- State:
 - Select the state where the facility is located from the dropdown list of states.
- ZIP Code:
 - Enter the ZIP code where the facility is located.

Section 3: Appliance Information and Leak Rate

Instructions: Provide the following information for the appliance for which a Retrofit or Retirement Plan Extension is requested.

In Section 3, enter relevant information about the appliance (Figure). The reporting data elements appear below.

Appliance Type	Full Charge of Appliance (lbs)	Method Used to Determine Full Charge	Leak Rate (%)	Leak Rate Calculation Method

Figure 8. Appliance information data entry table as it appears in Section 3 of the Retrofit or Retirement Plan Extension Request form.

Data elements:

- Appliance Type:
 - Select the appliance type category from the dropdown list.
 - For additional context, refer to the definitions for “Commercial refrigeration,” “Industrial process refrigeration,” and “Comfort cooling” at [40 CFR 84.102](#).
- Full Charge of Appliance (lbs.):
 - Enter the full charge of the appliance in lbs.
 - To convert from kgs to lbs., use a conversion factor of 2.2046 lbs./kg.
- Method Used to Determine Full Charge:
 - Select the method used to determine the full charge of the appliance from the dropdown list.
 - For additional context on the methods available, refer to the definition of “Full charge” at [40 CFR 84.102](#).
- Leak Rate (%):
 - Enter the annual leak rate calculated for the appliance in a percentage.
- Leak Rate Calculation Method:
 - Select the leak rate calculation used for the appliance from the dropdown list.
 - For additional context, refer to the definition of “Leak rate” at [40 CFR 84.102](#).

Section 4: Leak Description and Retrofit or Retirement Plan Information

Instructions: Provide the following information to describe the leak, repair activities to date, and need for a Retrofit or Retirement Plan Extension.

In Section 4, enter information relevant to the leak(s), repair activities, and an explanation on the need for an extension to complete the retrofit or retirement plan (Figure). The reporting data elements appear below.

Date on which the appliance exceeded the applicable leak rate:	
Location of leak(s):	
Description of any repair actions performed to date and date(s) repair(s) were completed:	
Description of plan to finish the retrofit or retirement of the appliance:	
Reasons why more than one year is necessary to retrofit or retire the appliance:	

Figure 9. Data entry table and boxes related to the leak description and retrofit or retirement plan information as they appear in Section 4 of the Retrofit or Retirement Plan Extension Request form.

Data elements:

- Date on which the appliance exceeded the applicable leak rate:
 - Enter the date when the appliance exceeded the applicable leak rate (i.e., the date the leak rate calculation was performed when the appliance was above the applicable leak rate).
 - For additional information on the applicable leak rates thresholds, refer to [40 CFR 84.106\(c\)\(2\)](#).
- Location of leak(s):
 - Briefly describe the location of the leak(s). For example, note if the leak is near a specific component (e.g., compressor).

- Description of any repair actions performed to date and date(s) repair(s) occurred or were completed:
 - Describe any repair(s) that occurred on the leak(s).
 - Include the date that the repair(s) occurred.
 - If additional space is needed, an attachment may be included.
- Description of plan to finish the retrofit or retirement of the appliance:
 - Describe how the owner or operator plans to finish the retrofit or retirement of the appliance.
 - If additional space is needed, an attachment may be included.
- Reasons why more than one year is necessary to retrofit or retire the appliance:
 - If more than one year is necessary to retrofit or retire the appliance, provide an explanation of why.
 - Review the circumstances that allow for extensions to the one-year retrofit or retirement schedule; refer to [40 CFR 84.106\(i\)\(1\)](#) for additional information.
 - If additional space is needed, an attachment may be included.

Section 5: Estimated Completion Date of Retrofit or Retirement Plan

Instructions: Provide an estimated date for the retrofit or retirement plan to be completed.

Additional instructions: If the estimated completion date is to be extended, provide the new estimated date of completion along with documentation of the reason for that change. Respond with "N/A" if this is the initial submission of the Retrofit or Retirement Plan Extension Request.

In Section 5, enter the estimated date of retrofit or retirement completion (Figure). If applicable, a new estimated date of retrofit or retirement completion if further extension is required on a retrofit or retirement. The reporting data elements appear below.

Figure 10. Data entry boxes for the estimated date of retrofit or retirement completion and the new estimated date of repair completion (if a further extension is needed) as they appear in Section 5 of the Retrofit or Retirement Plan Extension Request form.

Data elements:

- Estimated date of retrofit or retirement completion:
 - Enter the estimated completion date of the retrofit or retirement.
 - For additional information, refer to [40 CFR 84.106\(i\)](#).
- New estimated date of retrofit or retirement completion:
 - Only enter a date in this field if you are requesting an additional extension on a retrofit or retirement.

- Additional documentation must be provided describing the reason for the change in retrofit or retirement completion date.
 - Include the additional information as an attachment.
- Enter “N/A” if the Retrofit or Retirement Extension Request form is being submitted for the first time related to a Retrofit or Retirement Plan Extension Request.

II.1.C. Request for Relief from Retrofit or Retirement Plan

Instructions: Fill out and submit a Request for Relief from Retrofit or Retirement Plan if you own or operate a refrigerant-containing appliance ("appliance") containing a full charge of 15 or more pounds of a refrigerant containing a hydrofluorocarbon (HFC) or a substitute for an HFC with a global warming potential above 53 that has exceeded the applicable leak rates, detailed in [40 CFR 84.10640 CFR](#), were required or intended to retrofit or retire the appliance, and now request relief from the obligation to retrofit or retire.

Note: In certain scenarios, owners or operators currently implementing a retrofit or retirement plan may be able to repair an appliance to the extent that it is no longer leaking above the applicable leak rate threshold within 180 days of the retrofit or retirement plans start date. In this scenario the owner or operator may submit this request to relief themselves of the obligation to retrofit or retire the appliance. **In addition to submitting this form, the retrofit or retirement plan must also be submitted as an attachment.** Refer to [40 CFR 84.106\(h\)\(5\)\(ii\)](#) for additional detail.

The reporting form includes the sections that follow.

Section 1: Company Identification

Instructions: Identify the name of the company that owns or operates the appliance. Provide business contact information only (i.e., not personal phone numbers or emails).

In Section 1, enter relevant contact information for the person submitting this report (Figure). The reporting data elements appear below.

Company Name:	
Reporting Year:	
Name of Owner or Operator:	
Phone Number of Owner or Operator:	
Email of Owner or Operator:	

Figure 11. Contact information data entry table as it appears in Section 1 of the Request for Relief from Retrofit or Retirement Plan form

Data elements:

- **Company Name:**
 - Enter the company name for the appliance that is owned or operated.
- **Reporting Year:**
 - Enter the year for which the reporting requirement was triggered. For example, if the applicable leak rate was triggered and a Request from Retrofit or Retirement was submitted the following calendar year, but within the allowable timeframe.
- **Name of Owner or Operator:**
 - Enter the name of the owner or operator of the appliance for the Request for Relief from Retrofit or Retirement.
 - This person will serve as the point of contact for the request.
- **Phone Number of Owner or Operator:**
 - Enter the contact phone number for the owner or operator.
- **Email of Owner or Operator:**
 - Enter the contact email address for the owner or operator.

Section 2: Facility Identification

Instructions: Provide the following location information for the facility.

In Section 2, enter relevant information for the facility where the appliance is located (Figure). The reporting data elements appear below.

Facility Name	Street Address	City	State	Zip Code

Figure 12. Facility information data entry table as it appears in Section 2 of the Request for Relief from Retrofit or Retirement form.

Data elements:

- **Facility Name:**
 - Enter the name of the facility where the appliance is located.
- **Street Address:**
 - Enter the street address where the facility is located.
- **City:**
 - Enter the city where the facility is located.
- **State:**
 - Select the state where the facility is located from the dropdown list of states.
- **ZIP Code:**
 - Enter the ZIP code where the facility is located.

Section 3: Leak Rate

Instructions: Provide the following information for the appliance for the Request for Relief from Retrofit or Retirement.

In Section 3, enter relevant information about the appliance and leak rate (Figure). The reporting data elements appear below.

Appliance Type	Full Charge of Appliance (lbs)	Method Used to Determine Full Charge	Leak Rate (%)	Leak Rate Calculation Method

Figure 13. Appliance information data entry table as it appears in Section 3 of the Request for Relief from Retrofit or Retirement form.

Data elements:

- Appliance Type:
 - Select the appliance type category from the dropdown list.
 - For additional context, refer to the definitions for “Commercial refrigeration,” “Industrial process refrigeration,” and “Comfort cooling” at [40 CFR 84.102](#).
- Full Charge of Appliance (lbs.):
 - Enter the full charge of the appliance in pounds (lbs.).
 - To convert from kgs to lbs., use a conversion factor of 2.2046 lbs./kg.
- Method Used to Determine Full Charge:
 - Select the method used to determine the full charge of the appliance from the dropdown list.
 - For additional context on the methods available, refer to the definition of “Full charge” at [40 CFR 84.102](#).
- Leak Rate (%):
 - Enter the annual leak rate calculated for the appliance in a percentage.
- Leak Rate Calculation Method:
 - Select the leak rate calculation used for the appliance.
 - For additional context, refer to the definition of “Leak rate” at [40 CFR 84.102](#).

Section 4: Leak Description and Retrofit or Retirement Plan

Instructions: Provide the following information to describe the leak(s), repair activities to date, and reason for relief from a retrofit or retirement plan. Additionally, provide a statement signed by an authorized official that all identified leaks will be repaired and an estimate of when those repairs will be completed (not to exceed one year from date of the plan).

In Section 4, enter information relevant to the leak(s) and repair activities (Figure). The reporting data elements appear below. In addition, provide certification that all described leaks will be repaired.

Date on which the retrofit or retirement plan was triggered:	
Location of leak(s):	
Estimated completion date of repairs:	
Description of repair work that has been completed:	
Description of repair work that has not been completed:	
Description of why the repair was not conducted within the time frames required under 40 CFR 84.106(d) and (f):	
Certification Statement	
I certify that all identified leaks will be repaired as described in this report.	

Figure 14. Data entry table and boxes related to the leak description and retrofit or retirement plan as they appear in Section 4 of the Request for Relief from Retrofit or Retirement Plan Request form.

Data elements:

- Date on which the retrofit or retirement plan was triggered:
 - Enter the date when the creation of the retrofit or retirement plan was required; such a plan must be created within 30 days of the appliance:
 - Exceeding the applicable leak rate and the owner or operator intends to retrofit or retire the appliance rather than repair the leak(s);
 - Exceeding the applicable leak rate and the owner or operator fails to take any action to identify or repair the leak(s); or
 - Continuing to leak above the applicable leak rate after having the required repairs and verification tests conducted.
 - For additional information on the reasons a retrofit or retirement plan may be required, refer to [40 CFR 84.106\(h\)\(1\)](#).

- Relief from a retrofit or retirement plan may be requested if the owner or operator can establish within 180 days of the plan's date that the appliance no longer exceeds the applicable leak rate and if the owner or operator agrees in writing to repair all identified leaks within one year of the plan's date.
- For additional information on the applicable leak rates thresholds, refer to [40 CFR 84.106\(c\)\(2\)](#).
- Location of leak(s):
 - Briefly describe the location of the leak(s). For example, note if the leak is near a specific component (e.g., compressor).
- Estimated completion date of repairs:
 - Enter the estimated completion date of repair of all described leaks.
- Description of repair work that has been completed:
 - Describe any repair(s) that occurred on the leak(s), including relevant information such as the date that the repair(s) occurred.
 - If additional space is needed, an attachment may be included.
- Description of the repair work that has not been completed:
 - Describe any repair(s) that were not completed.
 - If additional space is needed, an attachment may be included.
- Description of why the repair was not conducted within the timeframes required under 40 CFR 84.106(d) and (f):
 - Describe why the leaks could not be repaired within the leak repair timeframes, as provided at [40 CFR 84.106\(d\)](#) or [40 CFR 84.106\(f\)](#).
 - If additional space is needed, an attachment may be included.
- Certification Statement:
 - Enter the name of the contact person in Section 1 of the form as confirmation of certification.
 - Certification will be officially tracked through submission in HAWK.

II.1.D. Chronic Leak Report

Instructions: Fill out and submit a Chronic Leak Report if you own or operate a refrigerant-containing appliance ("appliance") containing a full charge of 15 or more pounds of a refrigerant containing a hydrofluorocarbon (HFC) or a substitute for an HFC with a global warming potential above 53 that leak 125 percent or more of the full charge in a calendar year. Refer to [40 CFR 84.106\(j\)](#) for additional detail.

The reporting form includes the sections that follow.

Section 1: Company Identification

Instructions: Identify the name of the company that owns or operates the appliance(s). Provide business contact information only (i.e., not personal phone numbers or emails).

In Section 1, enter relevant contact information for the person submitting this report (Figure). The reporting data elements appear below.

Company Name:	
Reporting Year:	
Name of Owner or Operator:	
Phone Number of Owner or Operator:	
Email of Owner or Operator:	

Figure 15. Contact information data entry table as it appears in Section 1 of the Chronic Leak Report form.

Data elements:

- Company Name:
 - Enter the company name for the appliance(s) that are owned or operated.
- Reporting Year:
 - Enter the year for which the reporting requirement was triggered.
 - Chronic Leak Reports cover appliances that leaked more than 125 percent of their full charge during the previous calendar year. Users should input the covered calendar year in this field (e.g., for reports submitted prior to or on March 1, 2027, users would input 2026 as the reporting year).
- Name of Owner or Operator:
 - Enter the name of the owner or operator of the appliance of the chronically leaking appliance(s).
 - This person will serve as the point of contact for the request.
- Phone Number of Owner or Operator:
 - Enter the contact phone number for the owner or operator.
- Email of Owner or Operator:
 - Enter the contact email address for the owner or operator.

Section 2: Facility Identification

Instructions: Provide the following information for the facility where the chronically leaking appliance(s) are located.

In Section 2, enter relevant information for the facility where the appliance is located (Figure). The reporting data elements appear below.

Facility Name	Street Address	City	State	Zip Code

Figure 16. Facility information data entry table as it appears in Section 2 of the Chronic Leak Report form.

Data elements:

- Facility Name:
 - Enter the name of the facility where the appliance is located.
- Street Address:
 - Enter the street address where the facility is located.
- City:
 - Enter the city where the facility is located.
- State:
 - Select the state where the facility is located from the dropdown list of states.
- ZIP Code:
 - Enter the ZIP code where the facility is located.

Section 3: Summary of Chronically Leaking Appliances

Instructions: Provide the following information for each appliance that leaked 125 percent of more of its full charge during the calendar year.

In Section 3, enter relevant information about the appliance (Figure). The reporting data elements appear below.

Facility Name where Appliance is Located	Appliance ID or Unique Description	Appliance Type	Refrigerant Type	If "Other" Refrigerant, Specify	Full Charge of Appliance (lbs)	Annual Refrigerant Loss (%)

Refrigerant Addition Details												Date of Last Successful Follow-Up Verification Test	Has a retrofit or retirement plan been developed for this appliance?	Anticipated Date of Retrofit or Retirement ("N/A" if not applicable)	
Date (1) of Refrigerant Addition	Amount (1) of Refrigerant Added (lbs)	Date (2) of Refrigerant Addition	Amount (2) of Refrigerant Added (lbs)	Date (3) of Refrigerant Addition	Amount (3) of Refrigerant Added (lbs)	Date (4) of Refrigerant Addition	Amount (4) of Refrigerant Added (lbs)	Date (5) of Refrigerant Addition	Amount (5) of Refrigerant Added (lbs)	Date (6) of Refrigerant Addition	Amount (6) of Refrigerant Added (lbs)				

Figure 17. Appliance information data entry table as it appears in Section 3 of the Chronic Leak Report form.

Data elements:

- Facility Name where Appliance is Located:
 - Provide the name of the facility where the appliance is located.
 - Facility names should match information on facilities provided in Section 2.
- Appliance ID or Unique Description:
 - Enter the identification number for the appliance (e.g., a manufacturer identification number) or a unique description of the appliance.
 - Unique descriptions should use some identifiable characteristics of the appliance to differentiate it from other appliances located at a facility that may be subject to the regulations at 40 CFR part 84, subpart C. Unique descriptions could include, but are not limited to, the specific location at a facility where an appliance is located, company-based identifications or tracking numbers, or explicit, detailed descriptions of the appliance.

- **Appliance Type:**
 - Select the appliance type category from the dropdown list.
 - For additional context, refer to the definitions for “Commercial refrigeration,” “Industrial process refrigeration,” and “Comfort cooling” at [40 CFR 84.102](#).
- **Refrigerant Type:**
 - Select the refrigerant from the dropdown list.
 - If “other” is selected, specify what refrigerant is contained in the appliance in the next column. If the refrigerant being specified is a blend, provide the breakdown of the components of the refrigerant blend.
- **Full Charge of Appliance (lbs.):**
 - Enter the full charge of the appliance in pounds (lbs.).
 - To convert from kgs to lbs., use a conversion factor of 2.2046 lbs./kg.
 - For additional context on the methods determine the full charge of an appliance, refer to the definition of “Full charge” [40 CFR 84.102](#).
- **Annual Refrigerant Loss (%):**
 - Enter the percentage of the appliance full charge leaked during the calendar year (e.g., 125% or more).
- **Refrigerant Addition Details:**
 - Enter the date and the amount of refrigerant added (in lbs.) for each appliance.
 - If an appliance had more than six (6) refrigerant additions in a calendar year, contact EPA’s Helpdesk: HFCEmissionsReductions@epa.gov.
- **Date of Last Successful Follow-Up Verification Test:**
 - Enter the date of the last successful follow-up verification test.
- **Has a Retrofit or Retirement Plan Been Developed for this Appliance:**
 - Select “Yes” or “No.”
 - Enter the anticipated date of retrofit or retirement.
 - Enter “N/A” if not applicable.

Section 4: Cause of Refrigerant Loss and Repair Actions Taken

Instructions: For each appliance identified in Section 3, provide an explanation of the cause of the refrigerant loss and repair actions taken.

In Section 4, enter appliance-specific information relevant to the leak events and repair actions (Figure). The reporting data elements appear below.

Appliance ID	Explanation of Cause of Refrigerant Loss	Description of Repair Actions Taken

Figure 18. Data entry table for descriptions of the cause of refrigerant loss and repair actions taken as they appear in Section 4 of the Chronic Leak Report form.

Data elements:

- Appliance ID:
 - For each appliance entered in Section 3, enter the appliance ID or unique identifier.
- Explanation of Cause of Refrigerant Loss:
 - Provide detailed information of the cause of refrigerant loss from each appliance.
 - Leak additions entered in Section 3 should have corresponding explanations provided (e.g., “on March 12, 2026, 75 pounds of refrigerant were added to the appliance after a pipe fitting failed resulting in the loss of half of the appliance’s full charge”).
 - If additional space is needed, an attachment may be included.
- Description of Repair Actions Taken:
 - Input detailed information related to repair actions taken in order to repair the chronically leaking appliance.
 - Examples of repair actions include but are not limited to:
 - The date and result of leak rate calculations;
 - Repair actions taken during the leak repair process;
 - The locations of leaks in the appliance (e.g., specific components like a refrigerant compressor); and/or
 - How a retrofit or retirement plan is intended to resolve issues with a chronically leaking appliance, if applicable.
 - If additional space is needed, an attachment may be included.

II.1.E. Notification of Excluded Purged Refrigerant

Instructions: Fill out and submit a Notification of Purged Refrigerants Excluded from Leak Rate Calculation if you own or operate a refrigerant-containing appliance ("appliance") containing a full charge of 15 or more pounds of a refrigerant containing a hydrofluorocarbon (HFC) or a substitute for an HFC with a global warming potential above 53 and have excluded destroyed purged refrigerants from leak rate calculations. Refer to [40 CFR 84.106\(l\)\(11\)](#) for additional detail.

The reporting form includes the sections that follow.

Section 1: Company Identification

Instructions: Identify the name of the company that owns or operates the appliance. Provide business contact information only (i.e., not personal phone numbers or emails).

In Section 1, enter relevant contact information for the person submitting this report (Figure). The reporting data elements appear below.

Company Name:	
Reporting Year:	
Name of Owner or Operator:	
Phone Number of Owner or Operator:	
Email of Owner or Operator:	

Figure 19. Contact information data entry table as it appears in Section 1 of the Notification of Purged Refrigerants Excluded from Leak Rate Calculation form.

Data elements:

- Company Name:
 - Enter the company name for the appliance that is owned or operated.
- Reporting Year:
 - Enter the year for which the reporting requirement was triggered
 - The reporting year should reflect the year that refrigerant was purged and excluded from the annual leak rate calculation.
- Name of Owner or Operator:
 - Enter the name of the owner or operator of the appliance for which a Notification of Purged Refrigerants Excluded from Leak Rate Calculation form is being submitted.
 - This person will serve as the point of contact for the request.
- Phone Number of Owner or Operator:
 - Enter the contact phone number for the owner or operator.
- Email of Owner or Operator:
 - Enter the contact email address for the owner or operator.

Section 2: Facility Identification

Instructions: Provide the following information for the facility where the appliance excluding purged refrigerant from its leak rate calculation is located.

In Section 2, enter relevant information for the facility where the appliance is located (Figure). The reporting data elements appear below.

Facility Name:	
Street Address:	
City:	
State:	
Zip Code:	

Figure 20. Facility identification information data entry table as it appears in Section 2 of the Notification of Purged Refrigerants Excluded from Leak Rate Calculation form.

Data elements:

- Facility Name:
 - Enter the name of the facility where the appliance is located.
- Street Address:
 - Enter the street address where the facility is located.
- City:
 - Enter the city where the facility is located.
- State:
 - Select the state where the facility is located from the dropdown list of states.
- ZIP Code:
 - Enter the ZIP code where the facility is located.

Section 3: Facility Contact

Instructions: Provide the following information for one point of contact representing the facility in Section 2. Provide business contact information only (i.e., not personal phone numbers or emails).

In Section 3, enter relevant information for the contact person at the facility provided in Section 2 (Figure). The reporting data elements appear below.

Contact Name:	
Street Address:	
City:	
State:	
Zip Code:	
Phone:	
Email:	

Figure 21. Facility contact information data entry table as it appears in Section 3 of the Notification of Purged Refrigerants Excluded from Leak Rate Calculation form.

Data elements:

- Contact Name:
 - Enter the name of the owner or operator of the appliance for which a Notification of Purged Refrigerants Excluded from Leak Rate Calculation form is being submitted.
 - This should match the person listed in Section 1.
- Street Address:
 - Enter the street address of the contact person (e.g., the facility street address).
- City:
 - Enter the city of the contact person (e.g., the facility city).
- State:
 - Select the state of the contact person (e.g., the facility state) from the dropdown list of states.
- ZIP Code:
 - Enter the ZIP code of the contact person (e.g., the facility ZIP code).

- Phone Number of Owner or Operator:
 - Enter the phone number of the contact person.
 - This should match the person listed in Section 1.
- Email of Owner or Operator:
 - Enter the contact email address of the contact person.
 - This should match the person listed in Section 1.

Section 4: Appliance Information

Instructions: Provide a description of the appliance, relevant to the purging of refrigerant and subsequent destruction, and relevant records kept by the owner or operator.

In Section 4, enter relevant information about the appliance (Figure). The reporting data elements appear below.

Appliance Type	Full Charge of Appliance (lbs)
Description of the appliance (including aspects relevant to the purging of refrigerant and subsequent destruction):	
Description of the type of records that are being kept by owners or operators where the appliance is located:	

Figure 22. Appliance information data entry tables as they appear in Section 4 of the Notification of Purged Refrigerants Excluded from Leak Rate Calculation form.

Data elements:

- Appliance Type:
 - Select the appliance type category from the dropdown list.
 - For additional context, refer to the definitions for “Commercial refrigeration,” “Industrial process refrigeration,” and “Comfort cooling” at [40 CFR 84.102](#).
- Full Charge of Appliance (lbs.):
 - Enter the full charge of the appliance in pounds (lbs.).
 - To convert from kgs to lbs., use a conversion factor of 2.2046 lbs./kg.
- Description of the appliance (including aspects relevant to the purging of refrigerant and subsequent destruction):
 - Describe the type of appliance from which the refrigerant is being purged and destroyed.
 - Include relevant details to the purging of the refrigerant and subsequent destruction.

- Description of the type of records that are being kept by owners or operators where the appliance is located:
 - Describe the records that are being kept related to the location of the appliance.
 - Include relevant details to the purging of the refrigerant and subsequent destruction.

Section 5: Purged Refrigerant Information

Instructions: Provide a description of the methods used to determine the quantity of refrigerant sent for destruction and relevant records kept by the owner or operator.

In Section 5, enter information relevant to the purged refrigerant quantity (Figure). The reporting data elements appear below.

Flow rate	Flow rate units	Concentration of refrigerant in the vent stream	Concentration of refrigerant in the vent stream units	Total period of purge flow (hr)
Description of the methods used to determine the quantity of refrigerant sent for destruction:				
Frequency of monitoring and data recording:				

Figure 23. Data entry table and boxes related to the purged refrigerant as they appear in Section 5 of the Notification of Purged Refrigerants Excluded from Leak Rate Calculation form.

Data elements:

- Flow Rate:
 - Enter the value of the flow rate of the vent stream containing the refrigerant being purged.
 - If there was more than one period of purge flow considered for this notification form, enter the average value of the flow rate and specify details of each flow rate per period of purge flow in the “Description of the methods...” box in this section.
- Flow Rate Units:
 - Specify the units of the flow rate of the vent stream.
- Concentration of Refrigerant in the Vent Stream:
 - Enter the value of the concentration of the refrigerant in the vent stream.
 - If there was more than one period of purge flow considered for this notification form, enter the average value of the concentration and specify details of each concentration per period of purge flow in the “Description of the methods...” box in this section.
- Concentration of Refrigerant in the Vent Stream Units:
 - Specify the units of the concentration of the refrigerant in the vent stream.

- Total Period of Purge Flow (hours):
 - Enter the total time of the period of purge flow in hours.
 - If more than one period of purge flow is included in this notification, enter the sum of all periods of purge flow and specify details of each period of purge flow in the “Description of the methods...” box in this section.
- Description of the methods used to determine the quantity of refrigerant sent for destruction:
 - Describe the methods used to determine the quantity (i.e., mass) of the refrigerant sent for destruction.
 - Describe how the data elements above were used in this calculation (e.g., flow rate, concentration, period of purge flow).
 - If there was more than one period of purge flow considered for this notification form, enter details for each period of purge flow, including the respective flow rate and concentration of refrigerant in the vent stream.
- Frequency of monitoring and data recording:
 - Enter the frequency of monitoring and data recording (e.g., continuously every X minutes).

Section 6: Refrigerant Destruction Device

Instructions: Provide the following information to describe the control device and destruction efficiency.

In Section 6, enter information on the refrigerant destruction device. Visit [40 CFR 84.29](#) for more information on approved destruction technologies (Figure). The reporting data elements appear below.

Destruction efficiency (%):	
Description of the control device:	

Figure 24. Data entry boxes for the refrigerant destruction device as they appear in Section 6 of the Notification of Purged Refrigerants Excluded from Leak Rate Calculation form.

Data elements:

- Destruction efficiency (%):
 - Enter the destruction efficiency of the control device as a percentage.
 - The efficiency must be at least 98%.
- Description of the control device:
 - Describe the control device used for destruction.
 - Describe how 98% destruction efficiency is met.

II.2. Completing CAA Section 608 Leak Reporting

EPA encourages use of the HAWK platform for leak reporting under CAA section 608. While use of the HAWK platform is not required for CAA section 608 reporting, this method ensures timely delivery of reports, documentation that reports were submitted, and provides EPA with appropriate contact information for submitters. Reports may also be submitted to the Agency as described at [40 CFR 82.157\(m\)](#). There is no standard reporting form or template for CAA section 608 reports. CAA Section 608 leak reports may be uploaded to HAWK in the following file formats: PDF, .DOC, .DOCX, .XLS, .XLSX, .TXT, .CSV. Reports submitted to EPA must contain all of the required information detailed in the sections below to be considered complete.

II.2.A. Leak Repair Extension Request

Instructions: Fill out and submit a Leak Repair Extension Request if you own or operate an appliance with a full charge of 50 or more pounds of any class I or class II refrigerant or blend containing a class I or class II refrigerant that has exceeded the applicable leak rates, detailed in [40 CFR 82.157](#), and for which necessary repairs are unable to be completed within 30 days (or 120 days if an industrial shutdown process is required). Refer to [40 CFR 82.157\(f\)](#) for additional detail.

Leak Repair Extension Requests must contain the following information:

- Identification and address of the facility:
 - Company name
 - Facility name
 - Street address (city, state, ZIP code)
- The name of the owner or operator of the appliance:
 - Owner or operator's name
 - Contact information (phone number, email address)
- The leak rate:
 - This describes the leak rate of the appliance that has exceeded its applicable leak rate threshold.
 - Provide the annual leak rate calculated for the appliance in a percentage.
- The method used to determine the leak rate and full charge:
 - For additional context on leak rate calculation methods, refer to the definition of "Leak rate" at [40 CFR 82.152](#).
 - For additional context on the methods available for the full charge, refer to the definition of "Full charge" at [40 CFR 82.152](#).
- The date the appliance exceeded the applicable leak rate:
 - Provide the date when the appliance exceeded the applicable leak rate (i.e., the date the leak rate calculation was performed when the appliance was above the applicable leak rate).
 - For additional information on the applicable leak rates thresholds, refer to [40 CFR 82.157\(c\)\(2\)](#).

- The location of leak(s) to the extent determined to date:
 - Briefly describe the location of the leak. For example, note if the leak is near a specific component (e.g., compressor).
- Any repair work that has been performed thus far, including the date that work was completed:
 - Describe any repair(s) that occurred on the leak(s).
 - Include the date that the repair(s) occurred.
- The reasons why more than 30 days (or 120 days if an industrial process shutdown is required) are needed to complete the repair:
 - Describe the reason why a leak repair extension is needed beyond the normal leak repair timeframe.
 - Review the conditions that must apply for a leak repair extension and align description to include information that is relevant to the applicable condition; refer to [40 CFR 82.157\(f\)\(1\)](#) for additional information.
- An estimate of when the work will be completed. If the estimated completion date is extended, submit a new estimated date of completion and documentation of the reason for that change to EPA within 30 days of identifying that the extended completion date. The owner or operator must keep a dated copy of this submission.

II.2.B. Retrofit or Retirement Plan Extension Request

Instructions: Fill out and submit a Retrofit or Retirement Plan Extension Request if you own or operate an appliance with a full charge of 50 or more pounds of any class I or class II refrigerant or blend containing a class I or class II refrigerant that has exceeded the applicable leak rates, detailed in [40 CFR 82.157](#), and are seeking an extension of time to complete the retrofit or retirement of the system. This request must be submitted within seven (7) months of discovering that an appliance exceeded the applicable leak rate. Refer to [40 CFR 82.157\(i\)](#) for additional detail.

Retrofit or Retirement Plan Extension Requests must contain the following information:

- Identification of the appliance:
 - Appliance type
 - E.g., commercial refrigeration, industrial process refrigeration, comfort cooling.
 - For additional context, refer to the definitions for “Commercial refrigeration,” “Industrial process refrigeration,” and “Comfort cooling” at [40 CFR 82.152](#).
 - Appliance description/unique identification
- Name of the owner or operator:
 - Owner or operator’s name
 - Contact information (phone number, email address)
 - Company name
 - Facility name
 - Street address (city, state, ZIP code)

- The leak rate:
 - This describes the leak rate of the appliance that has exceeded its applicable leak rate threshold.
 - Provide the annual leak rate calculated for the appliance in a percentage.
- The method used to determine the leak rate and full charge:
 - For additional context on leak rate calculation methods, refer to the definition of “Leak rate” at [40 CFR 82.152](#).
 - For additional context on the methods available for the full charge, refer to the definition of “Full charge” at [40 CFR 82.152](#).
- The date the appliance exceeded the applicable leak rate:
 - Provide the date when the appliance exceeded the applicable leak rate (i.e., the date the leak rate calculation was performed when the appliance was above the applicable leak rate).
 - For additional information on the applicable leak rates thresholds, refer to [40 CFR 82.157\(c\)\(2\)](#).
- The location of leak(s) to the extent determined to date:
 - Briefly describe the location of the leak. For example, note if the leak is near a specific component (e.g., compressor).
- Any repair work that has been finished thus far, including the date that work was finished:
 - Describe any repair(s) that occurred on the leak(s).
 - Include the date that the repair(s) occurred.
- A plan to finish the retrofit or retirement of the appliance:
 - Describe how the owner or operator plans to finish the retrofit or retirement of the appliance.
- The reasons why more than one year is necessary to retrofit or retire the appliance:
 - If more than one year is necessary to retrofit or retire the appliance, provide an explanation of why.
 - Review the circumstances that allow for extensions to the one-year retrofit or retirement schedule; refer to [40 CFR 82.157\(i\)\(1\)-\(3\)](#) for additional information.
- The date of notification to EPA:
 - Include the date the request is submitted to EPA.
- An estimate of when retrofit or retirement work will be finished:
 - Enter the estimated completion date of the retrofit or retirement.

A dated copy of the request must be available on-site in either electronic or paper copy. If the estimated completion date is revised, submit a new estimated date of completion and documentation of the reason for that change to EPA at the address specified in 40 CFR 82.157(m) within 30 days.

Additionally, the time frames in paragraphs (h) and (i) of this section are temporarily suspended when an appliance is mothballed. The time will resume running on the day additional refrigerant is added to the appliance (or component of an appliance if the leaking component was isolated).

II.2.C. Request for Relief from Retrofit or Retirement Plan

Instructions: Fill out and submit a Request for Relief from Retrofit or Retirement Plan if you own or operate an appliance with a full charge of 50 or more pounds of any class I or class II refrigerant or blend containing a class I or class II refrigerant that has exceeded the applicable leak rates, detailed in [40 CFR 82.157](#), were required or intended to retrofit or retire the appliance, and now request relief from the obligation to retrofit or retire. Refer to 40 CFR 82.157(h)(5)(ii) for additional detail.

The owner or operator may request that EPA relieve it of the obligation to retrofit or retire an appliance if the owner or operator can establish within 180 days of the plan's date that the appliance no longer exceeds the applicable leak rate and if the owner or operator agrees in writing to repair all identified leaks within one year of the plan's date.

Requests for Relief from a Retrofit or Retirement Plan must contain the following information:

- The retrofit or retirement plan
- The date that the requirement to develop a retrofit or retirement plan was triggered:
 - Enter the date when the retrofit or retirement plan was required to be created; such a plan must be created within 30 days of the appliance:
 - Exceeding the applicable leak rate and the owner or operator intends to retrofit or retire the appliance rather than repair the leak(s);
 - Exceeding the applicable leak rate and the owner or operator fails to take any action to identify or repair the leak(s); or
 - Continuing to leak above the applicable leak rate after having the required repairs and verification tests conducted.
 - For additional information on the reasons a retrofit or retirement plan may be required, refer to [40 CFR 82.157\(h\)\(1\)](#).
- The leak rate:
 - This describes the leak rate of the appliance that has exceeded its applicable leak rate threshold.
 - Provide the annual leak rate calculated for the appliance in a percentage.
 - For additional information on the applicable leak rates thresholds, refer to [40 CFR 82.157\(c\)\(2\)](#).
- The method used to determine the leak rate and full charge:
 - For additional context on leak rate calculation methods, refer to the definition of "Leak rate" at [40 CFR 82.152](#).
 - For additional context on the methods available for the full charge, refer to the definition of "Full charge" at [40 CFR 82.152](#).
- The location of the leak(s) identified in the leak inspection:
 - Briefly describe the location of the leak(s). For example, note if the leak is near a specific component (e.g., compressor).

- A description of repair work completed:
 - Describe any repair(s) that occurred on the leak(s), including relevant information such as the date that the repair(s) occurred.
- A description of the repair work that has not been completed:
 - Describe any repair(s) that were not completed.
- A description of why the repair was not conducted within the timeframes required under 40 CFR 84.106(d) and (f):
 - Describe why the leaks could not be repaired within the leak repair timeframes, as required at [40 CFR 82.157\(d\)](#) or [40 CFR 82.157\(f\)](#).
- A statement signed by an authorized official that all identified leaks will be repaired and an estimate of when those repairs will be completed (not to exceed one year from date of the plan):
 - The request for Relief from a Retrofit or Retirement Plan must be signed and include a statement that all identified leaks will be repaired.
 - If submitting a Request for Relief from a Retrofit or Retirement Plan via the HAWK reporting platform, certification will be officially tracked through HAWK.
 - The estimated date of completion of repair must also be provided.

II.2.D. Chronic Leak Report

Instructions: Fill out and submit a Chronic Leak Report if you own or operate an appliance with a full charge of 50 or more pounds of any class I or class II refrigerant or blend containing a class I or class II refrigerant that that leaked 125 percent or more of the full charge in a calendar year. Chronic Leak Reports must be submitted by March 1 of the subsequent year that an appliance has leaked 125 percent or more of its full charge. Refer to [40 CFR 82.157\(j\)](#) for additional detail.

Chronic Leak Reports must describe efforts to identify leaks and repair the appliance.

Pertinent information that may be provided includes:

- Basic identification information (i.e., owner or operator, facility name, facility address where appliance is located, and appliance ID or description)
- Appliance type (e.g., comfort cooling or other, industrial process refrigeration, commercial refrigeration)
- Refrigerant type
- Full charge of appliance
- Annual percent refrigerant loss
- Dates of refrigerant addition
- Amounts of refrigerant added
- Date of last successful follow-up verification test
- Explanation of cause refrigerant losses
- Description of repair actions taken
- Whether a retrofit or retirement plan has been developed for the refrigerant-containing appliance and if so, the anticipated date of retrofit or retirement

II.2.E. Notification of Excluded Purged Refrigerant

Instructions: Fill out and submit a Notification of Purged Refrigerants Excluded from Leak Rate Calculation if you own or operate an appliance with a full charge of 50 or more pounds of any class I or class II refrigerant or blend containing a class I or class II refrigerant and have excluded destroyed purged refrigerants from leak rate calculations. Refer to [40 CFR 82.157\(l\)\(9\)](#) for additional detail.

Notification of Purged Refrigerants Excluded from the Leak Rate Calculation must contain the following information:

- The identification of the facility and a contact person, including the address and telephone number:
 - Company name
 - Facility name
 - Street address (city, state, ZIP code)
 - Owner or operator's name
 - Contact information (phone number, email address)
- A description of the appliance, focusing on aspects relevant to the purging of refrigerant and subsequent destruction:
 - Describe the type of appliance from which the refrigerant is being purged and destroyed.
 - Include relevant details to the purging of the refrigerant and subsequent destruction.
 - For additional context, refer to the definitions for "Commercial refrigeration," "Industrial process refrigeration," and "Comfort cooling" at [40 CFR 82.152](#).
- Flow rate of the vent stream:
 - Provide the flow rate of the vent stream containing the refrigerant being purged.
 - If there was more than one period of purge flow considered for this notification form, provide the average value of the flow rate and specify details of each flow rate per period of purge flow.
 - Specify the units of the flow rate of the vent stream.
- Quantity or concentration of the refrigerant in the vent stream:
 - Provide the value of the concentration of the refrigerant in the vent stream.
 - If there was more than one period of purge flow considered for this notification form, provide the average value of the concentration and specify details of each concentration per period of purge flow.
 - Specify the units of the concentration of refrigerant in the vent stream.
- Periods of purge flow:
 - Provide the total time of the period of purge flow in hours.
 - If more than one period of purge flow is included in this notification, provide the sum of all periods of purge flow and specify details of each period of purge flow.

- A description of the methods used to determine the quantity of refrigerant sent for destruction and type of records that are being kept by the owners or operators where the appliance is located:
 - Describe the methods used to determine the quantity (i.e., mass) of the refrigerant sent for destruction.
 - Describe how the flow rate, concentration, and period of purge flow were used in this calculation.
 - If there was more than one period of purge flow considered for this notification form, provide details for each period of purge flow, including the respective flow rate and concentration of refrigerant in the vent stream.
 - Describe the records that are being kept related to the location of the appliance.
 - Include relevant details to the purging of the refrigerant and subsequent destruction.
- The frequency of monitoring and data-recording:
 - Provide the frequency of monitoring and data recording (e.g., “continuously every X minutes”).
- A description of the control device, and its destruction efficiency:
 - Provide the destruction efficiency (percent) of the control device.
 - The destruction efficiency must be at least 98%.
 - Describe the control device used for destruction.
 - Describe how 98% destruction efficiency is met.

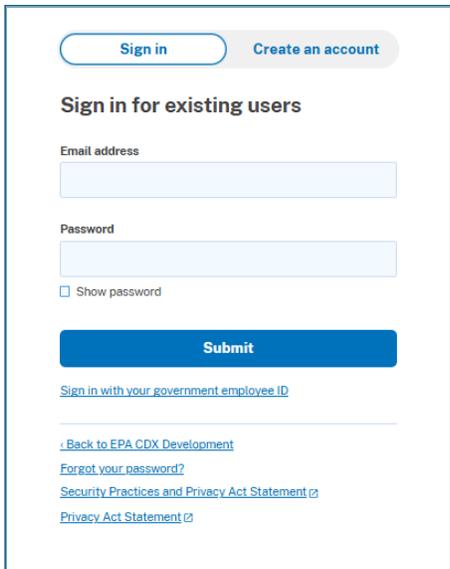
II.3. Access Your HAWK Account for Leak Reporting

Once you have a valid CDX account for reporting to the HFC-ODS-R Program Service, you will be able to access the reporting system.

II.3.A. Login.gov

Step 1: Log in to CDX at <https://cdx.epa.gov>

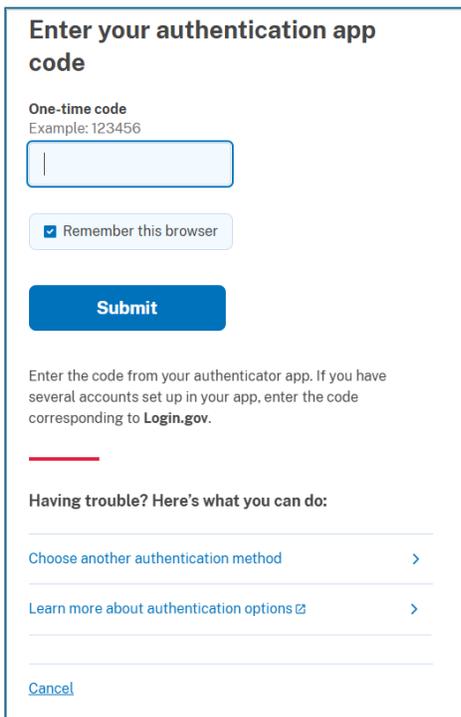
Enter your email address and password for your Login.gov account, click the “Submit” button.



The screenshot shows the Login.gov sign-in interface. At the top, there are two buttons: "Sign in" (highlighted) and "Create an account". Below this is the heading "Sign in for existing users". There are two input fields: "Email address" and "Password". Below the password field is a checkbox labeled "Show password". A blue "Submit" button is positioned below the input fields. At the bottom of the form, there are several links: "Sign in with your government employee ID", "Back to EPA CDX Development", "Forgot your password?", "Security Practices and Privacy Act Statement", and "Privacy Act Statement".

Step 2: Login.gov Authentication

Enter the One-time code in the field, click the “Submit” button.



The screenshot shows the Login.gov authentication page. The heading is "Enter your authentication app code". Below this is the label "One-time code" with an example "Example: 123456". There is a text input field for the code. Below the input field is a checkbox labeled "Remember this browser". A blue "Submit" button is positioned below the input field. Below the button, there is a paragraph of text: "Enter the code from your authenticator app. If you have several accounts set up in your app, enter the code corresponding to Login.gov." Below this text is a red horizontal line. Underneath the line is the heading "Having trouble? Here's what you can do:" followed by two links: "Choose another authentication method" and "Learn more about authentication options". At the bottom left, there is a "Cancel" link.

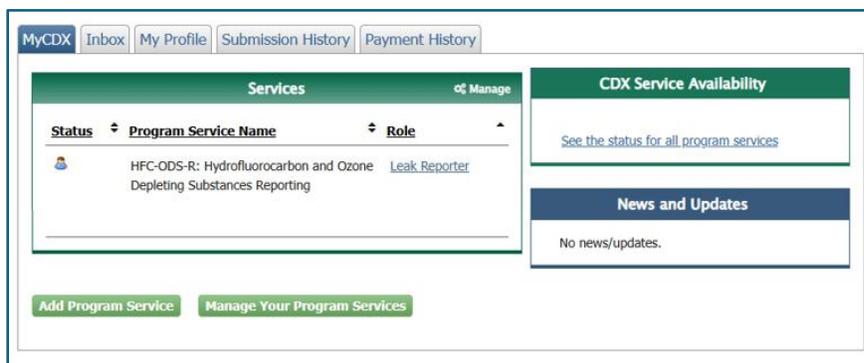
Note: The screen may be slightly different depending on the authentication method you selected. If you need assistance with Login.gov, visit the Help Center at <https://www.login.gov/help/>.

Once logged in, you will be redirected to the MyCDX page.

II.3.B. MyCDX Page

Step 1: Access Your Role in CDX

Click the role link for which you registered. In this scenario, click the “Leak Reporter” role link to access the HAWK Reporting System.



Step 2 Select Your Organization

If you have multiple Organizations registered on your CDX account, the “Application Profile Settings” box will display. Select the desired organization name from the “Organization Name” dropdown.

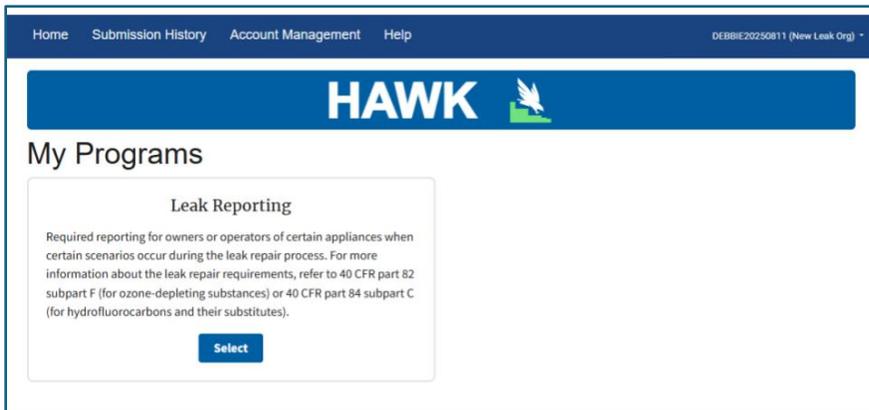
Click the “Proceed” button.

The screenshot shows the 'Application Profile Settings' dialog box. It has three sections: 'Organization Name' with a dropdown menu showing 'GDIT', 'Program Client ID' with a dropdown menu showing 'Company Representative: N/A', and 'Program' with the text 'HFC-ODS-R'. At the bottom, there are two buttons: 'Proceed' and 'Cancel'.

You will be redirected to the HAWK Homepage.

II.3.C. HAWK Homepage

You will see the HAWK homepage for Leak Reporters.



II.4. Submit Leak Reports

Follow the steps below to upload the leak reporting forms in the HAWK reporting system.

Step 1: Navigate to the HAWK Homepage

Click the “Select” button in the “Leak Reporting” tile.



Step 2: Select Your Report Type

Select the “Submit Report” button for the correct type of Leak Report (e.g., ER&R/HFC, CAA/ODS).

The screenshot shows the 'Leak Reports' homepage. At the top, there is a navigation bar with 'Home', 'Submission History', 'Account Management', and 'Help'. The user is logged in as 'DEBBIE20250811 (New Leak Org)'. Below the navigation bar, the breadcrumb trail is 'Home > Leak Reporting'. The main heading is 'Leak Reports'. A welcome message states: 'Welcome to the Leak Reporting homepage, where you can find information on the leak repair reporting requirements per regulations under section 608 of the Clean Air Act and subsection (h) of the American Innovation and Manufacturing Act.' There are two main cards: 'Submit HFC Leak Report' and 'Submit ODS Leak Report'. Each card has a pencil icon and a blue 'Submit Report' button. To the right, there is a 'What's New' section with a green header. The message in this section says: 'Leak reports may be submitted to EPA beginning January 1, 2026. Visit our new [Reporting Page](#).'

Step 3: Enter General Report Information

Select the reporting year from the “Reporting Year” dropdown.

The Organization name and street address information are populated from CDX.

Select the type of leak report from the “What kind of leak report are you submitting?” dropdown.

Click the “Save & Continue” button.

The screenshot shows the 'Create HFC Leak Report' form. At the top, there is a navigation bar with 'Home', 'Submission History', 'Account Management', and 'Help'. The user is logged in as 'DEBBIE20250811 (New Leak Org)'. Below the navigation bar, the breadcrumb trail is 'Home > Leak Reporting > Create'. The main heading is 'Create HFC Leak Report'. A help message states: 'Help with completing this form is available in the [User Guide](#) or in the [Form Instructions](#).' There is a progress bar with four steps: 1. Enter General Report Information, 2. Enter Contact Information, 3. Upload File(s), and 4. Review and Submit. The current step is 1. The form includes a 'Reporting Year' dropdown menu. Below it, there is a box containing organization information: 'Organization Name: U.S. EPA', 'Street Address: 1200 PENNSYLVANIA AVE NW', 'City: WASHINGTON', 'State: DC', and 'Zip: 20460'. Below this box, there is a 'What kind of leak report are you submitting?' dropdown menu. At the bottom left, there is a 'Cancel' button, and at the bottom right, there is a 'Save & Continue' button.

Step 4: Enter Contact Information

The “Reporter Contact Information” section is populated with the reporter’s contact information from CDX.

Supplemental Contact information (encouraged, but optional) – add the contact information of another person who can be contacted regarding the report.

Note: *If the Supplemental Contact Person first and last names are entered, then either a Supplemental Contact Person email address or a Supplemental Contact Person phone is required.*

Click the “Save & Continue” button.

The screenshot shows a web form titled "Create HFC Leak Report". At the top, there is a progress bar with four steps: 1. Enter General Report Information, 2. Enter Contact Information (highlighted), 3. Upload File(s), and 4. Review and Submit. Below the progress bar, the heading "2. Enter Contact Information" is followed by the instruction "Asterisk (*) denotes required field." The form is divided into two main sections. The first section, "Reporter Contact Information", contains pre-filled fields: Reporter First Name (CJ), Reporter Last Name (Test), Reporter Email Address (cjtest027@gmail.com), and Reporter Phone Number (901-999-9999). The second section, "Supplemental Contact Person (if necessary)", contains empty input fields for: Supplemental Contact Person First Name, Supplemental Contact Person Last Name, Supplemental Contact Person Email Address (with a placeholder name@domain.com), and Supplemental Contact Person Phone (with a placeholder xxx-xxx-xxxx). At the bottom left is a "Back" button and at the bottom right is a "Save & Continue" button.

Step 5: Upload Your Reporting Form

Note: For HFC leak reporting, if you need a reporting form template, visit the [ER&R Reporting Forms](#) section of the website. The Reporting Resources for the Emissions Reduction & Reclamation Rule webpage will open in a new tab. Click “Choose file” and locate the file on your device. Click the “Upload File” button. If you need to upload additional documentation, repeat the same steps.

Click the “Save & Continue” button.

Create HFC Leak Report

Help with completing this form is available in the [User Guide](#) or in the [Form Instructions](#).

1
Enter General Report Information

2
Enter Contact Information

3
Upload File(s)

4
Review and Submit

3. Upload Report File(s)

Asterisk (*) denotes required field.

Report File Upload *

Upload the report file and any additional documentation needed.

Acceptable file types include: PDF, DOC, DOCX, XLS, XLSX, TXT and CSV.

File Name	File Format	Date Added	Action
Deb.test.file.txt	txt	2025-11-07	Download Delete
Deb.test.file.2025.xlsx	xlsx	2025-11-07	Download Delete

Select a file to upload:

No file chosen

[Cancel](#)

Step 6: Review and Submit Your Document(s)

In the “Review and Submit” section, review your information and add reporter notes if needed.

Reporter Notes (optional) – add comments EPA should know about this report.

Click the “Back” button to return to the previous sections if needed.

Click the “Sign & Submit” button.

Create HFC Leak Report

Help with completing this form is available in the [User Guide](#) or in the [Form Instructions](#).

1
Enter General Report Information

2
Enter Contact Information

3
Upload File(s)

4
Review and Submit

4. Review and Submit

To edit, use back buttons to navigate back to section needing update.

Report Overview

Report Identifier	Current Status
ER&R ExtIRR 2026 1019	Pre-Submission
Regulation	Version
Emissions Reduction and Reclamation	1
Report Type	Reporter First Name
HFC Request Extension for Retrofit/Retirement	Test
Reporting Year	Reporter Last Name
2026	Reporter
Reporting Period	Reporter Email Address
Adhoc	mytestemail@gmail.com
Organization Name	Reporter Phone Number
New Leak Org	999-999-9999
Street Address	Supplemental Contact Person First Name
12 Test	N/A
City	Supplemental Contact Person Last Name
WASHINGTON	N/A
State	Supplemental Contact Person Email Address
DC	N/A
Zip/Postal Code	Supplemental Contact Person Phone Number
20460	N/A
CDX Submission ID(s)	

Attachments

File Name	Attachment Type	File Format	Date Added	Parsing Status	Action
Deb_test_file.txt	Report	txt	2025-11-07	-	Edit
Deb_test_file_2025.xlsx	Report	xlsx	2025-11-07	-	Edit

Reporter Notes

Please add any additional comments EPA should know about this report (5000 character max).

[Back](#)
[Cancel](#)

[Sign & Submit](#)

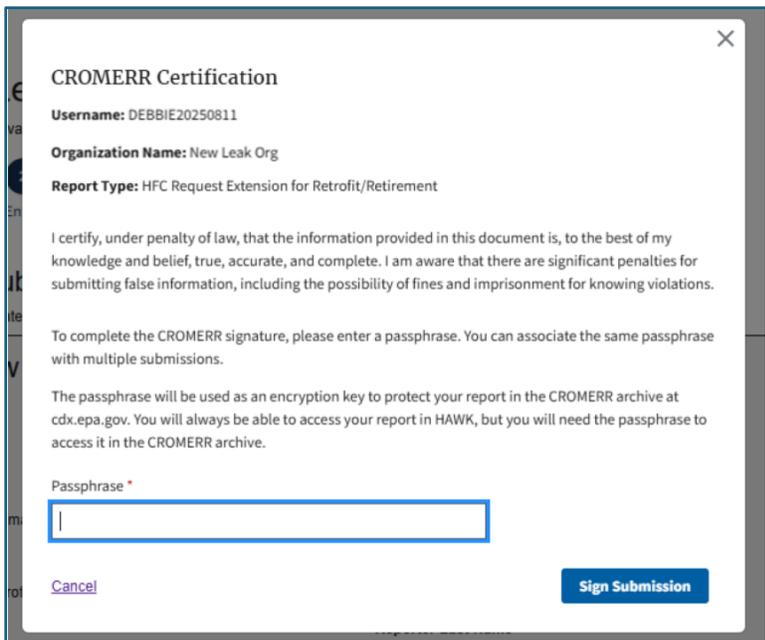
Step 7: Sign and Submit

Enter a passphrase to protect your report in the Cross-Media Electronic Reporting Rule (CROMERR) archive in CDX.

You will need this passphrase to access your report in CDX, so be sure to take note of your passphrase .

Read the certification statement and certify that the information provided in your report is accurate by clicking on the “Sign Submission” button.

If the “Cancel” link is selected, any text entered in the “Reporter Notes” section will be saved, but the report will not be submitted to EPA.



The screenshot shows a 'CROMERR Certification' dialog box with the following content:

- CROMERR Certification** (Title)
- Username:** DEBBIE20250811
- Organization Name:** New Leak Org
- Report Type:** HFC Request Extension for Retrofit/Retirement
- Text: I certify, under penalty of law, that the information provided in this document is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.
- Text: To complete the CROMERR signature, please enter a passphrase. You can associate the same passphrase with multiple submissions.
- Text: The passphrase will be used as an encryption key to protect your report in the CROMERR archive at cdx.epa.gov. You will always be able to access your report in HAWK, but you will need the passphrase to access it in the CROMERR archive.
- Passphrase *** (Label above an empty text input field)
- [Cancel](#) (Link)
- Sign Submission** (Button)

The confirmation message will display with a “Submission History” link to view your report in HAWK. You can also view your submission documents by clicking on the “CDX” link, and search for the Submission ID.

Report Submission Details

Report Identifier	Organization	Report Type	Report Year	Status
ER&R ExRR 2026 1019	New Leak Org	HFC Request Extension for Retrofit/Retirement	2026	Submitted

Report Overview

<p>Report Identifier ER&R ExRR 2026 1019</p> <p>Regulation Emissions Reduction and Reclamation</p> <p>Report Type HFC Request Extension for Retrofit/Retirement</p> <p>Reporting Year 2026</p> <p>Reporting Period Adhoc</p> <p>Organization Name New Leak Org</p> <p>Street Address 12 Test</p> <p>City WASHINGTON</p> <p>State DC</p> <p>Zip/Postal Code 20480</p> <p>CDX Submission ID(s) _4fa34143-df4fdfe-3423858</p>	<p>Current Status Pre-Submission</p> <p>Version 1</p> <p>Reporter First Name Test</p> <p>Reporter Last Name Reporter</p> <p>Reporter Email Address mytestemail@gmail.com</p> <p>Reporter Phone Number 999-999-9999</p> <p>Supplemental Contact Person First Name N/A</p> <p>Supplemental Contact Person Last Name N/A</p> <p>Supplemental Contact Person Email Address N/A</p> <p>Supplemental Contact Person Phone Number N/A</p>
---	--

Attachments

File Name	Attachment Type	File Format	Date Added	Version	Parsing Status
Deb test file.txt	Report	txt	2025-11-07	1	-
Deb test file 2025.xlsx	Report	xlsx	2025-11-07	1	-
608_RFR 2024_1021_COPY_OF_RECORD.html	CROMERR_HTML	html	2025-11-07	1	-

Reporter Notes

my reporter notes

[Return to Reporting Landing Page](#)

CAA & AIM ACT LEAK REPORTING USER GUIDE

58

II.5. View Leak Report Documents

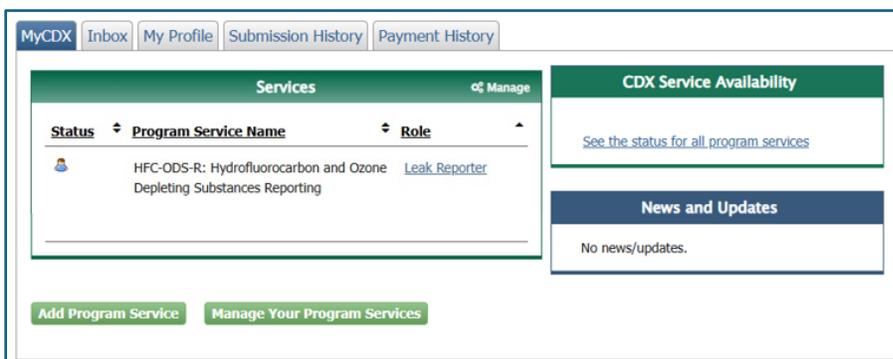
II.5.A View Leak Reports in CDX

Step 1: Log in to CDX at <https://cdx.epa.gov>

Enter your User ID. You will be redirected to the Login.gov website. Once logged in to Login.gov, you will be redirected to the MyCDX page.

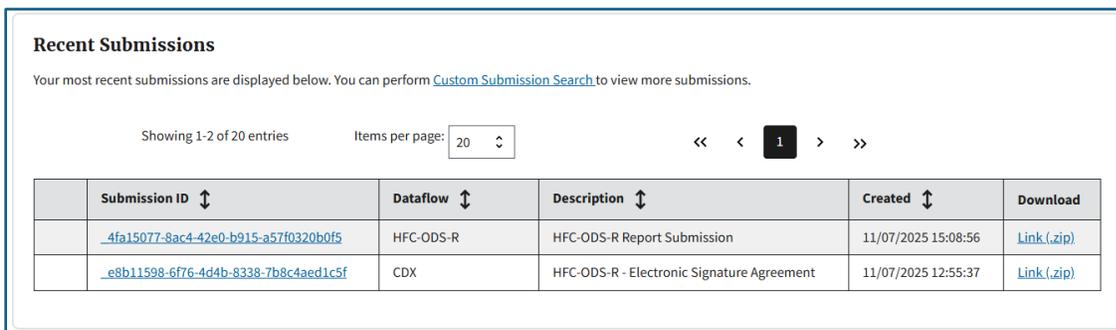
Step 2: Locate Your Submission in CDX

Click the “Submission History” tab.



Step 3: Review Your Submission Details

Click the desired “Submission ID” link or click the “Link (.zip)” to download the submission documents.



Before you can view and download your documents, you must decrypt your documents by clicking the “Decrypt (passphrase)” button.

Documents Set
Encrypted
[Decrypt \(passphrase\)](#)

Name	Size (kb)	Category	Created
HFC QAQC Guide_October2023.docx	973.375 KB	encrypted	04/10/2025 16:58:21
encryption-metadata-xml.xml	1.385 KB	encryption-metadata-xml	04/10/2025 16:58:21
detached-signature-before-encrypt.xml	2.917 KB	detached-signature-before-encrypt	04/10/2025 16:58:21
detached-signature.xml	2.942 KB	detached-signature	04/10/2025 16:58:21

Retention and Repudiation

Retention Status	default
-------------------------	---------

Enter the passphrase used when the report was signed and submitted and click the “Decrypt” button.

Decrypt Document

Name	HFC QAQC Guide_October2023.docx
Size	973.375 KB
Type	encrypted
Created	04/10/2025 16:58:21
Encrypted By	ABERKOFF
Passphrase	<input type="text"/> <input type="button" value="Clear"/> <input type="button" value="Decrypt"/>

Now you may view and download your documents by clicking on the link located under the “Name” column.

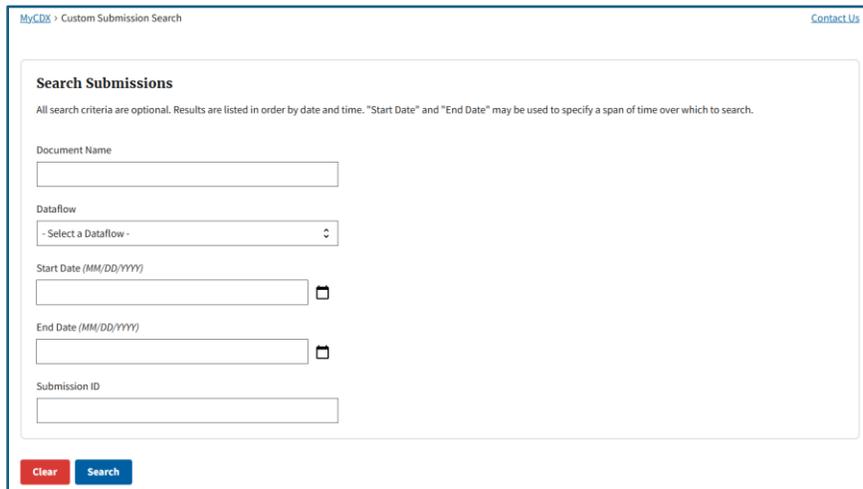
You can also search for your Submission ID by clicking on the “Custom Submission Search” link.

Recent Submissions

Your most recent submissions are displayed below. You can perform [Custom Submission Search](#) to view more submissions.

Showing 1-5 of 20 entries Items per page: << < **1** > >>

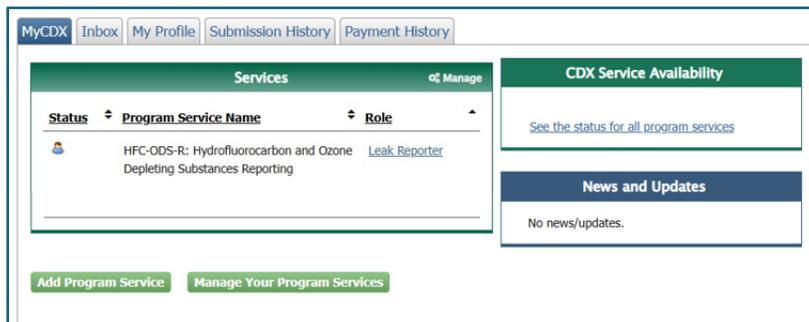
Enter your search criteria and click the “Search” button.



II.5.B View Leak Reports in HAWK

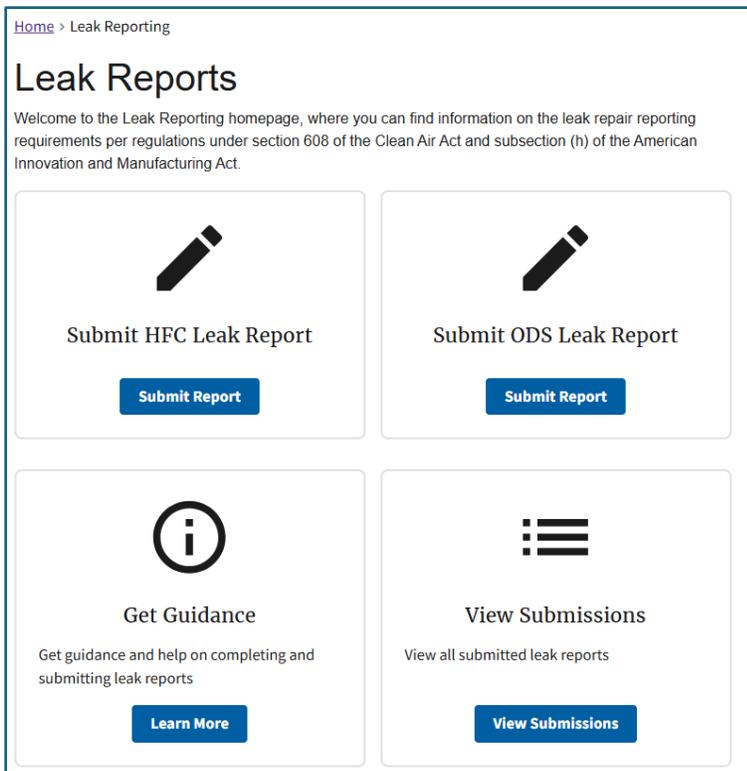
Step 1: Locate Your Submission in HAWK

From MyCDX, click the role link for which you registered. In this scenario, click the “Leak Reporter” link.



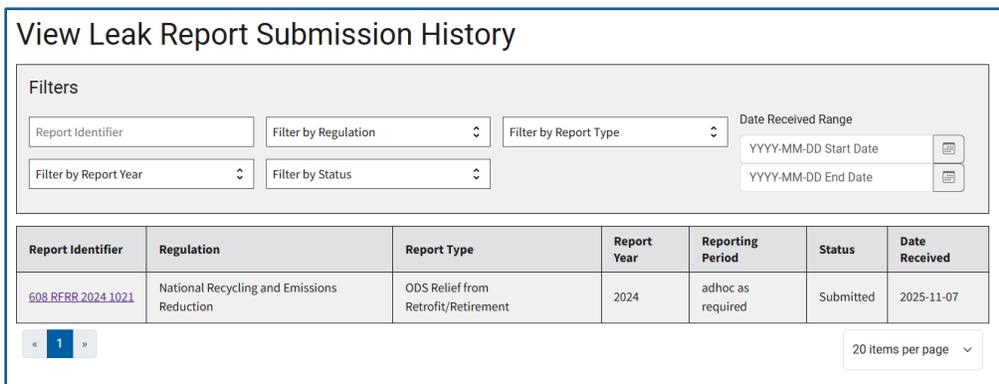
Step 2: Navigate to View Submission History

On the “Leak Reporting” page, click the “View Submissions” button located in the “View Submissions” tile. The “View Leak Report Submission History” page will display.



Step 3: Locate the desired report

In the list, click the report you are searching for and click the link in the “Report Identifier” column.



Step 4: The “View Report” page for the selected report identifier will display

Home > View Submission History > View Report

View Report: ER&R ExtRR 2026 1019

[Edit Report](#)

Report Overview

Report Identifier ER&R ExtRR 2026 1019	Current Status Pre-Submission
Regulation Emissions Reduction and Reclamation	Version 1
Report Type HFC Request Extension for Retrofit/Retirement	Reporter First Name Test
Reporting Year 2026	Reporter Last Name Reporter
Reporting Period Adhoc	Reporter Email Address mytestemail@gmail.com
Organization Name New Leak Org	Reporter Phone Number 999-999-9999
Street Address 12 Test	Supplemental Contact Person First Name N/A
City WASHINGTON	Supplemental Contact Person Last Name N/A
State DC	Supplemental Contact Person Email Address N/A
Zip/Postal Code 20460	Supplemental Contact Person Phone Number N/A
CDX Submission ID(s) _4fa34143-df4fd6f-3423858	

Attachments

File Name	Attachment Type	File Format	Date Added	Version	Action
Delv Test File.txt	Report	txt	2025-11-07	1	Download
Delv Test File 2025.xlsx	Report	xlsx	2025-11-07	1	Download
ER&R ExtRR 2024 1011 COPY OF RECORD.html	CROMERR_HTML	html	2025-11-07	1	Download

Reporter Notes

my reporter notes

II.6. Resubmit a Leak Report

Step 1: Log in to CDX at <https://cdx.epa.gov>

Enter your User ID. You will be redirected to the Login.gov website. Once logged in to Login.gov, you will be redirected to the MyCDX page.

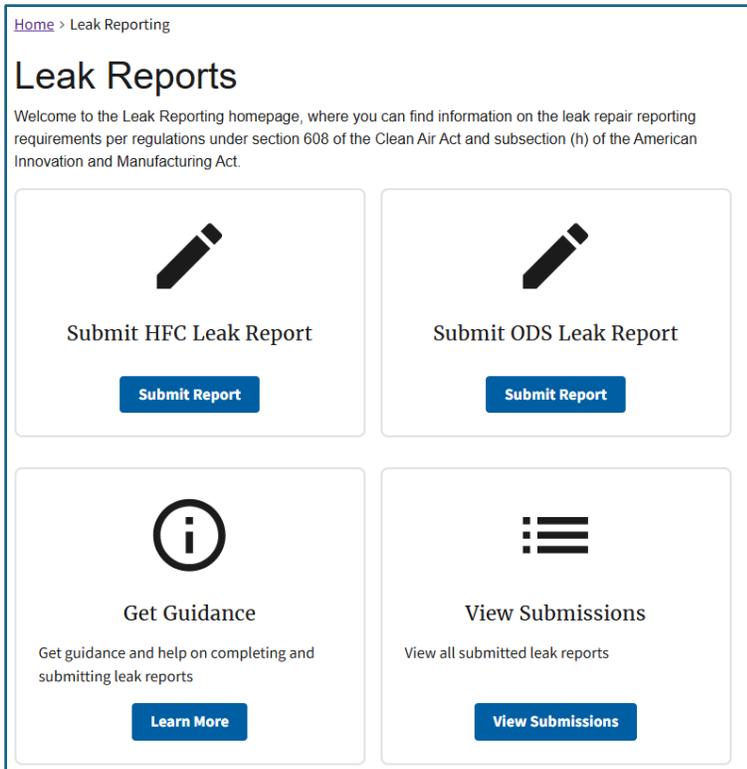
Click the role link for which you registered. In this scenario, click the “Leak Reporter” link.

Services ⚙ Manage

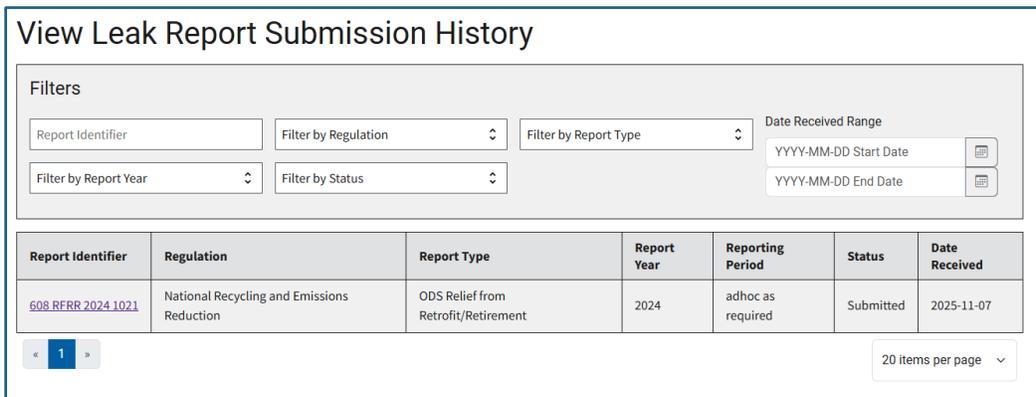
Status	Program Service Name	Role
	HFC-ODS-R: Hydrofluorocarbon and Ozone Depleting Substances Reporting	Leak Reporter

Step 2: Navigate to View Submission History

On the “Leak Reporting” page, click the “View Submission History” button. The “View Leak Report Submission History” page will display.



Locate the desired report in the list and click the link in the “Report Identifier” column.



Step 3: Edit Your Report

On the “View Report” page, click the “Edit Report” button.

Note: If there is no “Edit Report” button, this means that the report is currently in a status that does not allow editing.

Note: Your previous documents will display in the “Attachments” section on this page.

Home > View Submission History > View Report

View Report: ER&R ExtRR 2026 1019

[Edit Report](#)

Report Overview

Report Identifier	Current Status
ER&R ExtRR 2026 1019	Pre-Submission
Regulation	Version
Emissions Reduction and Reclamation	1
Report Type	Reporter First Name
HFC Request Extension for Retrofit/Retirement	Test
Reporting Year	Reporter Last Name
2026	Reporter
Reporting Period	Reporter Email Address
Adhoc	mytestemail@gmail.com
Organization Name	Reporter Phone Number
New Leak Org	999-999-9999
Street Address	Supplemental Contact Person First Name
12 Test	N/A
City	Supplemental Contact Person Last Name
WASHINGTON	N/A
State	Supplemental Contact Person Email Address
DC	N/A
Zip/Postal Code	Supplemental Contact Person Phone Number
20460	N/A
CDX Submission ID(s)	
_4fa34143-df4fdfe-3423858	

Attachments

File Name	Attachment Type	File Format	Date Added	Version	Action
Del-test File.txt	Report	txt	2025-11-07	1	Download
Del-test File 2024.xlsx	Report	xlsx	2025-11-07	1	Download
SOE_RFRR_2024_1021_COPY_OF_RECORD.html	CROMERR_HTML	html	2025-11-07	1	Download

Reporter Notes

my reporter notes

Step 4: Enter General Report Information

The fields in this section are read-only.

Note: If your organization information is incorrect, click the “CDX” link. The CDX website will open in a new tab.

Click the “Save & Continue” button.

The screenshot shows a web application interface for creating an HFC leak report. At the top, there is a navigation bar with links for Home, Submission History, Account Management, and Help. The user is logged in as DEBBE20250811 (New Leak Org). The main heading is 'Create HFC Leak Report'. Below the heading, there is a progress indicator with four steps: 1. Enter General Report Information (current step), 2. Enter Contact Information, 3. Upload File(s), and 4. Review and Submit. A help link is provided: 'Help with completing this form is available in the User Guide or in the Form Instructions.' The first step, '1. Enter General Report Information', includes a note: 'If your organization information is incorrect, please change that in CDX.' and a warning: 'Asterisk (*) denotes required field.' The form contains several fields: 'Reporting Year' (dropdown menu), 'Organization Name' (U.S. EPA), 'Street Address' (1200 PENNSYLVANIA AVE NW), 'City' (WASHINGTON), 'State' (DC), and 'Zip' (20460). There is also a field for 'What kind of leak report are you submitting?' (dropdown menu). At the bottom left is a 'Cancel' link, and at the bottom right is a 'Save & Continue' button.

Step 5: Enter Contact Information

The data in the “Reporter Contact Information” section is populated with the reporter’s contact information from CDX.

Supplemental Contact information (encouraged, but optional) – add the contact information of another person who can be contacted regarding the report.

Click the “Save & Continue” button.

The screenshot shows a web form titled "Create HFC Leak Report". At the top, there is a progress bar with four steps: 1. Enter General Report Information, 2. Enter Contact Information (highlighted), 3. Upload File(s), and 4. Review and Submit. Below the progress bar, the text reads "Help with completing this form is available in the [User Guide](#) or in the [Exam Instructions](#)".

The main heading is "2. Enter Contact Information". Below it, a note states "Asterisk (*) denotes required field".

The form is divided into two sections:

- Reporter Contact Information:** This section contains pre-filled data: Reporter First Name (CJ), Reporter Last Name (Test), Reporter Email Address (cjtest027@gmail.com), and Reporter Phone Number (901-999-9999).
- Supplemental Contact Person (if necessary):** This section contains four empty input fields: Supplemental Contact Person First Name, Supplemental Contact Person Last Name, Supplemental Contact Person Email Address (with a placeholder "name@domain.com"), and Supplemental Contact Person Phone (with a placeholder "XXX.XXX.XXXX").

At the bottom of the form, there are two buttons: "Back" on the left and "Save & Continue" on the right.

Step 6: Upload Your Leak Reporting Form

Note: In the event you have to resubmit a report, you will be required to upload your reporting form and any additional documents again. All previously submitted documents will be located on the “View Report” page for each submission if you are repurposing documents that did not need to be revised.

Click “Choose file” and locate the file on your device. Click the “Upload File” button. If you need to upload additional documentation, repeat the same step.

Click the “Save & Continue” button.

Create HFC Leak Report

Help with completing this form is available in the [User Guide](#) or in the [Form Instructions](#).

1
Enter General Report Information

2
Enter Contact Information

3
Upload File(s)

4
Review and Submit

3. Upload Report File(s)

Asterisk (*) denotes required field.

Report File Upload *

Upload the report file and any additional documentation needed.

Acceptable file types include: PDF, DOC, DOCX, XLS, XLSX, TXT and CSV.

File Name	File Format	Date Added	Action
Deb_test_file.txt	txt	2025-11-07	Download Delete
Deb_test_file_2025.xlsx	xlsx	2025-11-07	Download Delete

Select a file to upload:

No file chosen

[Cancel](#)

Step 6a: Resubmit Your Document(s)

In the “Review and Submit” section, review your information and update your reporter notes if needed.

Click the “Back” button to return to the previous sections if needed.

Click the “Sign & Submit” button.

Edit Report: ER&R ExtRR 2026 1019

Help with completing this form is available in the [User Guide](#) or in the [Form Instructions](#).

1 Enter General Report Information 2 Enter Contact Information 3 Upload File(s) 4 Review and Submit

4. Review and Submit

To edit, use back buttons to navigate back to section needing update.

Report Overview

Report Identifier	ER&R ExtRR 2026 1019	Current Status	Pre-Submission
Regulation	Emissions Reduction and Reclamation	Version	1
Report Type	HFC Request Extension for Retrofit/Retirement	Reporter First Name	Test
Reporting Year	2026	Reporter Last Name	Reporter
Reporting Period	Adhoc	Reporter Email Address	mytestemail@gmail.com
Organization Name	New Leak Org	Reporter Phone Number	999-999-9999
Street Address	12 Test	Supplemental Contact Person First Name	N/A
City	WASHINGTON	Supplemental Contact Person Last Name	N/A
State	DC	Supplemental Contact Person Email Address	N/A
Zip/Postal Code	20460	Supplemental Contact Person Phone Number	N/A
CDX Submission ID(s)			

Attachments

File Name	Attachment Type	File Format	Date Added	Parsing Status	Action
Deb updated test file 2025.xlsx	Report	xlsx	2025-11-07	-	Edit

Reporter Notes

my reporter notes

[Back](#) [Sign & Submit](#)

[Cancel](#)

Step 7: Sign and Submit

Enter a passphrase to protect your report in the Cross-Media Electronic Reporting Rule (CROMERR) archive in CDX. You can reuse the same passphrase as before, but you do not have to.

You will need this passphrase to access your report in CDX, so be sure to take note of your passphrase .

Read the certification statement and certify that the information provided in your report is accurate by clicking on the “Sign Submission” button.

CROMERR Certification

Username: DEBBIE20250811

Organization Name: New Leak Org

Report Type: HFC Request Extension for Retrofit/Retirement

I certify, under penalty of law, that the information provided in this document is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

To complete the CROMERR signature, please enter a passphrase. You can associate the same passphrase with multiple submissions.

The passphrase will be used as an encryption key to protect your report in the CROMERR archive at cdx.epa.gov. You will always be able to access your report in HAWK, but you will need the passphrase to access it in the CROMERR archive.

Passphrase *

[Cancel](#) **Sign Submission**

The confirmation message will display with a “Submission History” link to view your report in HAWK. You can also view your submission documents by clicking on the “CDX” link, and search for the Submission ID.

You will see a new Submission ID.

Note: All your previous documents along with new documents will be listed in the “Attachments” section.

Report Submission Details				
Report Identifier	Organization	Report Type	Report Year	Status
ER&R ExtRR 2026 1019	New Leak Org	HFC Request Extension for Retrofit/Retirement	2026	Submitted

Report Overview	
Report Identifier	ER&R ExtRR 2026 1019
Regulation	Emissions Reduction and Reclamation
Report Type	HFC Request Extension for Retrofit/Retirement
Reporting Year	2026
Reporting Period	Adhoc
Organization Name	New Leak Org
Street Address	12 Test
City	WASHINGTON
State	DC
Zip/Postal Code	20480
CDX Submission ID(s)	_4fa34143-df4fdfef-3423858
Current Status	Pre-Submission
Version	1
Reporter First Name	Test
Reporter Last Name	Reporter
Reporter Email Address	mytestemail@gmail.com
Reporter Phone Number	999-999-9999
Supplemental Contact Person First Name	N/A
Supplemental Contact Person Last Name	N/A
Supplemental Contact Person Email Address	N/A
Supplemental Contact Person Phone Number	N/A

Attachments					
File Name	Attachment Type	File Format	Date Added	Version	Parsing Status
Deb updated test file 2025.xlsx	Report	xlsx	2025-11-07	2	-
608_RFRR_2024_1021_COPY_OF_RECORD.html	CROMERR_HTML	html	2025-11-07	2	-
Deb test file.txt	Report	txt	2025-11-07	1	-
Deb test file 2025.xlsx	Report	xlsx	2025-11-07	1	-
608_RFRR_2024_1021_COPY_OF_RECORD.html	CROMERR_HTML	html	2025-11-07	1	-

Reporter Notes

my reporter notes //notes again resubmit

[Return to Reporting Landing Page](#)

Annex A. Definitions

Find definitions (e.g., full charge, leak rate) in the regulations online at the links listed below.

- **Recycling and Emissions Reduction, 40 CFR 82.152:** www.ecfr.gov/current/title-40/chapter-I/subchapter-C/part-82/subpart-F#82.152
- **Management of Regulated Substances, 40 CFR 84.102:** www.ecfr.gov/current/title-40/chapter-I/subchapter-C/part-84#84.102

Annex B. Reporting and Recordkeeping Requirements

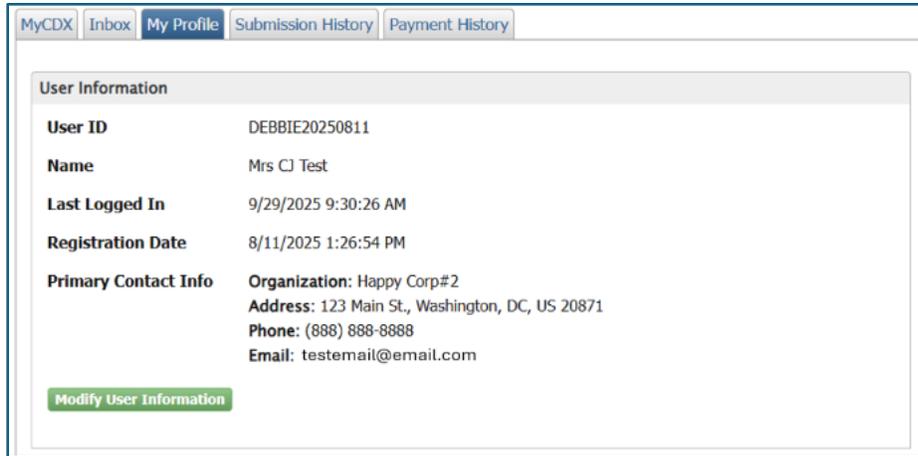
Reporting and recordkeeping requirements for Leak Repair under section 608 of the CAA appear at 40 CFR Part 82 Subpart F. The complete regulation is available on the electronic Code of Federal Regulations (eCFR) at www.ecfr.gov/current/title-40/chapter-I/subchapter-C/part-82/subpart-F.

Reporting and recordkeeping requirements for Leak Repair under the Emissions Reduction and Reclamation Rule under the AIM Act appear at 40 CFR Part 84 Subpart C. The complete regulation is available on the eCFR at www.ecfr.gov/current/title-40/chapter-I/subchapter-C/part-84#subpart-C.

Annex C. Update Your CDX Account Information

Edit your account's security questions

Select the “Modify User Information” button under the “My Profile” tab.

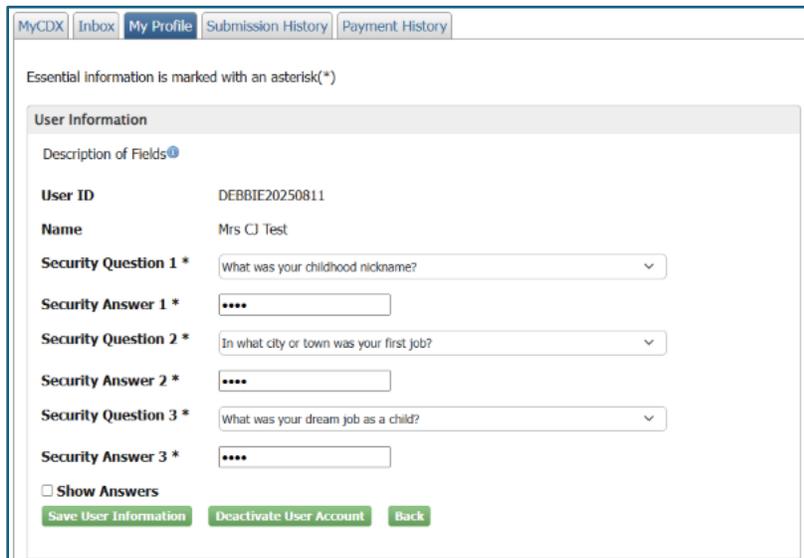


The screenshot shows the 'My Profile' tab selected in a navigation menu. Below the menu, there is a 'User Information' section with the following details:

User ID	DEBBIE20250811
Name	Mrs CJ Test
Last Logged In	9/29/2025 9:30:26 AM
Registration Date	8/11/2025 1:26:54 PM
Primary Contact Info	Organization: Happy Corp#2 Address: 123 Main St., Washington, DC, US 20871 Phone: (888) 888-8888 Email: testemail@email.com

At the bottom of the 'User Information' section, there is a green button labeled 'Modify User Information'.

Edit the information and click the “Save User Information” button.



The screenshot shows the 'My Profile' tab selected in a navigation menu. Below the menu, there is a 'User Information' section with the following details:

Essential information is marked with an asterisk(*)

Description of Fields ⓘ

User ID	DEBBIE20250811
Name	Mrs CJ Test
Security Question 1 *	What was your childhood nickname? ▾
Security Answer 1 *	••••
Security Question 2 *	In what city or town was your first job? ▾
Security Answer 2 *	••••
Security Question 3 *	What was your dream job as a child? ▾
Security Answer 3 *	••••

Show Answers

At the bottom of the 'User Information' section, there are three buttons: 'Save User Information' (green), 'Deactivate User Account' (green), and 'Back' (green).

Edit your email address, phone number, or fax number

From the “My Profile” tab, click the “Modify Organization Information” button.

Organization Information

Active Organizations

Primary Organization = 

Org. ID	Name	Address	
49773	Happy Corp#2	123 Main St., Washington, DC, US 20871	

Pending Organizations

Org. ID	Name	Address

[Modify Organization Information](#)

Select the appropriate Organization and edit your phone number or fax number. Click the “Save Organization Details” button.

▼ **Happy Corp#2 (49773)** 

Organization Name (ID) Happy Corp#2 (49773)

Mailing Address 123 Main St.
Washington, DC, US
20871

Provide Additional Contact Information

Email *

Phone Number*

Phone Number Ext

Fax Number

[Save Organization Details](#)

Note

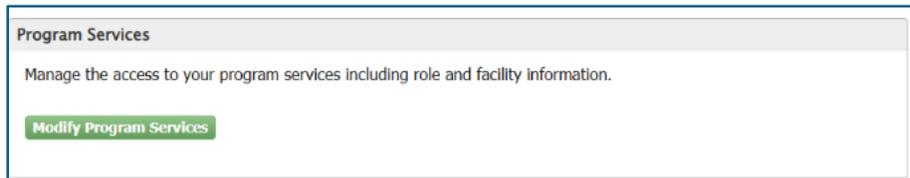
Email addresses, phone numbers, and fax numbers in CDX are tied to the organization under which you are registered. If you are registered under more than one organization in CDX, you may tailor your email address, phone number, and fax number for each organization.

Annex D. Deactivating CDX Accounts

The process for deactivating your own account or an account of a former employee is described below.

Deactivate your own account

Select the **Modify Program Services** button from the “My Profile” tab.



Expand the HFC-ODS-R Program Service dropdown to view the CDX accounts affiliated with your organization. Locate the account you wish to deactivate and select the **Deactivate** link.

