



# YPC™ Inspection Report

FOR USE ON INSPECTION CONTRACT VISITS

Project Name: DuPont Experimental Station ID # ABS#1  
 Address: \_\_\_\_\_  
 Model No. YPC-5T-22646CXA Serial No: GLCM157836 YORK Order: \_\_\_\_\_ Hrs. of Operation: 17880/50 starts  
 By: Kevin Frazee Date: 9/24/07 Time: \_\_\_\_\_ AM \_\_\_\_\_ PM

MACHINE OPERATING CODE: Chilling   
 Heating

% LOAD \_\_\_\_\_

TYPE OF VISIT:

Every Service Visit
Change/Over (Twice/yr.)
Performed As Required

Chilled Water	Inlet Temp (°F)	
	Outlet Temp (°F)	
	ΔP (psi)	
Condenser Water	Inlet Temp (°F)	
	Outlet Temp (°F)	
	ΔP (psi)	
High Temp Generator	Solution In Temp (°F)	
	Solution Out Temp (°F)	
	Pressure (mm HG)	
	Concentration (%) (Optional)	
Low Temp Generator	Solution In Temp (°F)	
	Solution Out Temp (°F)	
	Refrigerant Out Temp (°F)	
	Concentration (%) (Optional)	
Absorber	Solution Out Temp (°F)	
	Sol. Concentration (%) (Required)	
	Abs. Spray Temp (°F)	
Condenser	Refrigerant Out Temp (°F)	
Evaporator	Refrigerant Temp (°F)	
Steam Models	Strm. Inlet Press. (PSIG)	
	Condensate Press. (PSIG)	
Heat Rec. Models	Gas Ent. Temp (°F)	
	Gas Lvg. Temp (°F)	
Purge Counters (if applicable)	Auto Lifetime	1849
	Auto 7 Day	
	Manual Lifetime	90
	Manual 7 Day	

**SERVICES PERFORMED**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Operational check of all controls  |                          | <input type="checkbox"/> |
| 2. Check refrigerant concentration  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Refrigerant blowdown   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Refrigerant added _____ gals.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Refrigerant removed _____ gals.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Check solution level   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Solution added _____ gals.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Solution removed _____ gals.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Solution sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No   |                          | <input type="checkbox"/> |
| 10. Octyl alcohol added _____ gals.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Inhibitor / hydroxide added _____ type _____ lbs.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Perform air leakage test and indicate length of time (hrs.)<br>Abso. _____ cc/min. Purge Tank _____ cc/min. _____ hrs.... |                          | <input type="checkbox"/> |
| 13. Check torque on carbon-type rupture disk flange   |                          | <input type="checkbox"/> |
| 14. Check unit level (once /yr.)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Steam units:  |                          |                          |
| a. Inspect needle and control valves  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Take condensate sample   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Heat Recovery units:  |                          |                          |
| a. Check control damper operation   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Check bypass damper operation  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Direct Fired units:   |                          |                          |
| a. Inspect Burner / Components  |                          | <input type="checkbox"/> |
| b. Stack Temperature _____ °F _____ % O <sub>2</sub> _____ % CO <sub>2</sub>  |                          | <input type="checkbox"/> |

Sketch Area:

Remarks / Recommendations:

Chiller was not running due to stuck condenser water valve.  
Was not able to perform operating inspection.

Customer Signature: \_\_\_\_\_

	EVAPORATOR	REFRIGERANT TANK	ABSORBER	HIGH TEMPERATURE GENERATOR	LOW TEMPERATURE GENERATOR
LIQUID LEVEL	○	○ ○ ○	○ ○ Tank    ○○ Main Shell	○	○

If unit has additional sight glasses, sketch in and indicate liquid level.