



Isoflow™ - Paraflow™

Solution Sample Submittal Form

ABS#1

2410 A 183 M

RUSH or ROUTINE
FOR REPAIRS OR TROUBLESHOOTING FOR ROUTINE MAINTENANCE

19988

THIS FORM IS TO BE COMPLETELY FILLED OUT BY A QUALIFIED YORK SERVICE TECHNICIAN.

Complete this form for each sample submitted for analysis. The information supplied here will enable qualified YORK Chemical and Metallurgical refrigeration system chemists to better interpret the test results. This permits the development of reliable analysis and recommendations. Repetitive sampling and data submittal are very useful references for the historical analysis of chiller equipment.

A purchase order MUST be submitted with each sample to permit processing!

CUSTOMER NAME DUPONT EXPERIMENTAL STATION CUSTOMER ID NO. _____
 ADDRESS 200 POWDER MILL RD TELEPHONE () _____
 CITY, STATE, ZIP CODE WILMINGTON, DE 19803

YORK DISTRICT OFFICE: DELMARVA / (WILMINGTON, DE) ATTN: KEVIN FRAZE
 PURCHASE ORDER NUMBER: 1-68767221225 DISTRICT OFFICE NUMBER N28
 TELEPHONE (302) 353-0315 EMAIL: KEVIN.M.FRAZE@JCI.COM
 DISTRICT OFFICE ADDRESS: 812 FIRST STATE BLVD. / WILMINGTON, DE / 19804

DATE SAMPLED: 6/18/18 DATE LAST ANALYSIS: 8/16/17 HOURMETER: 28,189/907 STARTS
 TYPE OF SOLUTION: NITRATE MOLYBDATE CHROMATE ADVAGuard(TM) 750
 AT TIME OF SAMPLING: 1.58@100F
 SAMPLE CONCENTRATION = 53.5% (should be less than 54%) SOLUTION CHARGE (gallons) 1645
 (21944 lbs)
 SYSTEM WAS: RUNNING IN COOLING RUNNING IN HEATING NOT RUNNING
 SAMPLE ENCLOSED: FILTERED UNFILTERED BOTH
 SAMPLE WAS TAKEN FROM: ABSORBER OTHER

YORK SERIAL NO. G L C M 1 5 7 8 3 6 Normal = 10 Characters
 Early Houston = 13 Characters
 YORK MODEL NO. Y P C - S T - 2 2 G - 4 6 - C - X - A → Blank = Nitrate
 A or B = Molybdate
 HITACHI SERIAL NO. _____
 HITACHI MODEL NO. _____ → Blank = Nitrate
 A or B = Molybdate

SEND THE NECESSARY CHEMICAL INHIBITORS TO THE FOLLOWING ADDRESS: Use York Office Address

COMPANY NAME _____ PHONE NUMBER _____
 ADDRESS _____ (REQUIRED) () _____
 CITY, STATE, ZIP CODE _____ ATTN: _____

ADDITIONAL COMMENTS OR SPECIAL INSTRUCTIONS _____



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Solution Sample Submittal Form

ABS#2

2083 A 224 M

RUSH FOR REPAIRS OR TROUBLESHOOTING
 ROUTINE FOR ROUTINE MAINTENANCE

19957

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CUSTOMER NAME DUPONT EXPERIMENTAL STATION CUSTOMER ID NO. _____
 ADDRESS 200 POWDER MILL RD TELEPHONE () _____
 CITY, STATE, ZIP CODE WILMINGTON, DE 19803

YORK DISTRICT OFFICE: DELMARVA / (WILMINGTON, DE) ATTN: KEVIN FRAZE
 PURCHASE ORDER NUMBER: 1-68767221225 DISTRICT OFFICE NUMBER N28
 TELEPHONE (302) 353-0315 EMAIL: KEVIN.M.FRAZE@JCI.COM
 DISTRICT OFFICE ADDRESS: 812 FIRST STATE BLVD. / WILMINGTON, DE / 19804

DATE SAMPLED: 6/21/18 DATE LAST ANALYSIS: 8/16/17 HOURMETER: 25846H/771 STARTS
 TYPE OF SOLUTION: NITRATE MOLYBDATE CHROMATE ADVAGuard(TM) 750
 AT TIME OF SAMPLING: 1.60 @ 80F
 SAMPLE CONCENTRATION = 542% (should be less than 54%) SOLUTION CHARGE (gallons) 1645
 (21944 lbs)
 SYSTEM WAS: RUNNING IN COOLING RUNNING IN HEATING NOT RUNNING
 SAMPLE ENCLOSED: FILTERED UNFILTERED BOTH
 SAMPLE WAS TAKEN FROM: ABSORBER OTHER

YORK SERIAL NO. G B D M 2 4 8 9 8 0 Normal = 10 Characters
 Early Houston = 13 Characters
 YORK MODEL NO. Y P C - S T - 2 2 G - 4 6 - C - X - A → Blank = Nitrate
 A or B = Molybdate

HITACHI SERIAL NO. _____
 HITACHI MODEL NO. _____ → Blank = Nitrate
 A or B = Molybdate

SEND THE NECESSARY CHEMICAL INHIBITORS TO THE FOLLOWING ADDRESS: Use York Office Address
 COMPANY NAME _____ PHONE NUMBER _____
 ADDRESS _____ (REQUIRED) () _____
 CITY, STATE, ZIP CODE _____ ATTN: _____

ADDITIONAL COMMENTS OR SPECIAL INSTRUCTIONS _____



Isoflow™ - Paraflow™

Solution Sample Submittal Form

ABS#3

2197A 172M

RUSH or ROUTINE
FOR REPAIRS OR TROUBLESHOOTING FOR ROUTINE MAINTENANCE

19979

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A purchase order MUST be submitted with each sample to permit processing!

CUSTOMER NAME DUPONT EXPERIMENTAL STATION CUSTOMER ID NO. _____
 ADDRESS 200 POWDER MILL RD TELEPHONE () _____
 CITY, STATE, ZIP CODE WILMINGTON, DE 19803

YORK DISTRICT OFFICE: DELMARVA 1 (WILMINGTON, DE) ATTN: KEVIN FRAZE
 PURCHASE ORDER NUMBER: 1-68767221225 DISTRICT OFFICE NUMBER N28
 TELEPHONE (302) 353-0315 EMAIL: KEVIN.M.FRAZE@JCI.COM
 DISTRICT OFFICE ADDRESS: 812 FIRST STATE BLVD. / WILMINGTON, DE / 19804

DATE SAMPLED: 6/29/18 DATE LAST ANALYSIS: 8/16/17 HOURMETER: 29,263 / TMS STARTS
 TYPE OF SOLUTION: NITRATE MOLYBDATE CHROMATE ADVAGuard(TM) 750
 AT TIME OF SAMPLING:
 SAMPLE CONCENTRATION = 51.2% (should be less than 54%) SOLUTION CHARGE (gallons) 1645
 SYSTEM WAS: RUNNING IN COOLING RUNNING IN HEATING NOT RUNNING * (21944 lbs)
 SAMPLE ENCLOSED: FILTERED UNFILTERED BOTH
 SAMPLE WAS TAKEN FROM: ABSORBER OTHER _____

YORK SERIAL NO. G A D M 2 3 3 6 2 0 Normal = 10 Characters Early Houston = 13 Characters
 YORK MODEL NO. Y P C - S T - 2 2 G - 4 6 - C - X - A Blank = Nitrate A or B = Molybdate

HITACHI SERIAL NO. _____
 HITACHI MODEL NO. _____ → Blank = Nitrate A or B = Molybdate

SEND THE NECESSARY CHEMICAL INHIBITORS TO THE FOLLOWING ADDRESS: Use York Office Address
 COMPANY NAME _____ PHONE NUMBER _____
 ADDRESS _____ (REQUIRED) () _____
 CITY, STATE, ZIP CODE _____ ATTN: _____

* ADDITIONAL COMMENTS OR SPECIAL INSTRUCTIONS THE ABSORBER HAD BEEN RUNNING FULLY LOADED FOR APPROX. 10 HRS BEFORE THE SAMPLE WAS TAKEN, BUT THE REFRIGERANT PUMP FAILED BEFORE I COULD TAKE IT. I HAD TO MANUALLY TRANSFER THE REFRIGERANT FROM THE TANK TO THE ABSORBER WITH A UTILITY PUMP, THEN RAN THE SOLUTION PUMPS TO CIRCULATE & ENSURE A PROPER DILUTION. THE SAMPLE WAS PULLED AT THIS POINT, DURING THE CIRCULATION.



Isoflow™ - Paraflow™ Solution Sample Submittal Form

ABS#4

2012 A 154 M

<input type="checkbox"/> RUSH FOR REPAIRS OR TROUBLESHOOTING	or	<input checked="" type="checkbox"/> ROUTINE FOR ROUTINE MAINTENANCE
20000		

THIS FORM IS TO BE COMPLETELY FILLED OUT BY A QUALIFIED YORK SERVICE TECHNICIAN.

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A purchase order MUST be submitted with each sample to permit processing!

CUSTOMER NAME	DUPONT EXPERIMENTAL STATION	CUSTOMER ID NO.	
ADDRESS	200 POWDER MILL RD	TELEPHONE ()	
CITY, STATE, ZIP CODE	WILMINGTON, DE 19803		

YORK DISTRICT OFFICE:	DELMARVA / (WILMINGTON, DE)	ATTN:	KEVIN FRAZE
PURCHASE ORDER NUMBER:	1-68767221225	DISTRICT OFFICE NUMBER	N28
TELEPHONE (302) 353-0315		EMAIL:	KEVIN.M.FRAZE@JCI.COM
DISTRICT OFFICE ADDRESS:	812 FIRST STATE BLVD. / WILMINGTON, DE / 19804		

DATE SAMPLED:	7/6/18	DATE LAST ANALYSIS:	8/16/17	HOURMETER:	24,399H/825 STARTS	
TYPE OF SOLUTION:	<input checked="" type="checkbox"/> NITRATE	<input checked="" type="checkbox"/> MOLYBDATE	<input type="checkbox"/> CHROMATE	<input type="checkbox"/> ADVAGuard(TM) 750		
AT TIME OF SAMPLING:	SAMPLE CONCENTRATION = 51.5% (should be less than 54%)				SOLUTION CHARGE (gallons)	1645
SYSTEM WAS:	<input checked="" type="checkbox"/> RUNNING IN COOLING	<input type="checkbox"/> RUNNING IN HEATING	<input type="checkbox"/> NOT RUNNING		(21944 lbs)	
SAMPLE ENCLOSED:	<input type="checkbox"/> FILTERED	<input type="checkbox"/> UNFILTERED	<input checked="" type="checkbox"/> BOTH			
SAMPLE WAS TAKEN FROM:	<input checked="" type="checkbox"/> ABSORBER	<input type="checkbox"/> OTHER				

YORK SERIAL NO.	G N C M 9 4 2 3 0 0 1 7	Normal = 10 Characters Early Houston = 13 Characters
YORK MODEL NO.	Y P C - S T - 2 2 G - 4 6 - C - X - A	Blank = Nitrate A or B = Molybdate
HITACHI SERIAL NO.		
HITACHI MODEL NO.		Blank = Nitrate A or B = Molybdate

SEND THE NECESSARY CHEMICAL INHIBITORS TO THE FOLLOWING ADDRESS: Use York Office Address

COMPANY NAME	PHONE NUMBER
ADDRESS	(REQUIRED) ()
CITY, STATE, ZIP CODE	ATTN:

ADDITIONAL COMMENTS OR SPECIAL INSTRUCTIONS
