Isoflow™ - Paraflow™

Solution Sample Submittal Form

☐ **RUSH** or ☐ **ROUTINE**
FOR REPAIRS OR TROUBLESHOOTING — FOR ROUTINE MAINTENANCE

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: _____ **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: _____ **DATE LAST ANALYSIS:** _____ **HOURMETER:** _____
TYPE OF SOLUTION: ☑ NITRATE ☑ MOLYBDATE ☐ CHROMATE ☐ ADVAGuard(TM) 750

AT TIME OF SAMPLING:
SAMPLE CONCENTRATION = _____ (should be less than 54%) **SOLUTION CHARGE (gallons)** 1645
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 _____