



# Chiller Nameplate (Oil & Ref) Information Form

*Scheduled data collection date:            /            /            Time:            :
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\*NexGen Activity #: \_\_\_\_\_

\*York Process System Startup?     Yes     No

Fax to: 414-524-4336

## General Information

*Branch:    DELMARVA	*Branch #:    0N28
*FLSP:    KEVIN FRAZE	^Employee ID:    1174842
*Cell/Pgr #:    302-353-0315	
*Check analyses to be included in the Predictive Diagnostics Report:	
<input type="checkbox"/> Vibration <input type="checkbox"/> Motor Current	

## Customer Information

Does this customer exist in our database?     Yes     No     Unknown

*Customer Name / Site:    DUPONT EXPERIMENTAL STATION
*Street Address:    RT. 141 LANCASTER PIKE
*City, State, Zip:    WILMINGTON, DE, 19880

## Machine Information

CMMS Equipment ID: \_\_\_\_\_

*Machine Make:    YORK	Customer Ref #:    CHILLER #7
*Machine Full Model #:    OM3000	
*Machine S/N:    MRP626904	*Warranty? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Exp: _____
Tonnage:    3000	*On a VFD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Compressor Information

\*\*Note if more than 1 compressor please fill out each on its own form.

*Compr Model #:    OM255B7	*Compr S/N:    MRP626904
*Compr Type: <input checked="" type="checkbox"/> Centrifugal <input type="checkbox"/> Screw <input type="checkbox"/> Scroll <input type="checkbox"/> Recip    **Don't collect vib data on scrolls or recips	
*Speed Code/Gear Ratio:    3920 RPM	Hermetic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Oil / Refrigerant Information

SR / Activity / P.O. Number: \_\_\_\_\_

(If different than number at top of form)

PDT Oil/Refrigerant Report (\$25 fee applies)

^Sample Source: <input type="checkbox"/> Receiver <input type="checkbox"/> Evaporator <input type="checkbox"/> Condenser <input checked="" type="checkbox"/> Compressor <input type="checkbox"/> Other _____	
^System Condition: <input type="checkbox"/> Operating <input checked="" type="checkbox"/> Off	
^Chiller Duty: <input checked="" type="checkbox"/> Comfort Cooling <input type="checkbox"/> Process <input type="checkbox"/> Other	
^Heat transfer fluid: <input checked="" type="checkbox"/> Water <input type="checkbox"/> Calcium Chloride <input type="checkbox"/> Ethylene Glycol <input type="checkbox"/> Other _____	
*Refrigerant type:    R-134A	^Sample Date: _____
^Sump Capacity:    8970 lbs	
^Ref temperature at time of sampling : _____	
*Sample State: <input type="checkbox"/> Liquid <input type="checkbox"/> Vapor	
*Oil Type/Brand:    YORK "K"	^Sample Date: _____
^Sump Capacity:    50 Gallons	
^Oil Mfg.:    YORK	^Oil Grade:    150 SUS / 32 ISO
^Date of last oil change: _____	

## Motor Information

(This information NOT needed for Oil / Refrigerant processing)

*Motor Make:    SIEMENS	Motor Model:    2/91
*Motor S/N:    1-5115-66323-01-1	
*Volts:    4000	*HP:    2500
*Hertz:    60	*RPM:    1785
*RLA/FLA:    314	LRA Delta: _____
LRA Y: _____	
Type:    RGSL	Frame:    6811
Design: _____	
SF:    1.0	Form: _____
Code/KVA:    D	
Shaft End Bearing:    55-704-112-009	Open End Bearing:    53-994-816-501

\* Required Fields for Predictive route    \* & ^ Required fields for Oil/Ref samples

Rev. 5/18/2011