



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 GEARBOX
*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

Gearbox Information

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

*Gearbox Model #: SU12-10H	*Gearbox S/N: 9103
*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: 2.1964 RATIO (1785 IN / 3920 OUT)	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 type="checkbox"/> Compressor <input checked="" type="checkbox"/> Other <u>GearBox Sump</u>	
^System Condition: <input type="checkbox"/> Operating <input 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: CONOCO MULTI R&O	^Sample Date: _____
^Sump Capacity: 15 Gallons	
^Oil Mfg.: CONOCO PHILLIPS	
^Oil Grade: AGMA#2 / ISO 68	
^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: _____
Type: RGSL	LRA Y: _____
Frame: 6811	Design: _____
SF: 1.0	Code/KVA: D
Form: _____	
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