



# Isoflow™ - Paraflow™ Solution Sample Submittal Form

## ABS#2

2083 A 224 M

<input type="checkbox"/> RUSH FOR REPAIRS OR TROUBLESHOOTING	or	<input checked="" type="checkbox"/> ROUTINE FOR ROUTINE MAINTENANCE
19957		

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:	6/21/18	DATE LAST ANALYSIS:	8/16/17	HOURMETER:	25846H/771 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:	1.60 @ 80F				
SAMPLE CONCENTRATION =	542% (should be less than 54%)	SOLUTION CHARGE (gallons)	1645		
			(21944 lbs)		
SYSTEM WAS:	<input checked="" type="checkbox"/> RUNNING IN COOLING	<input type="checkbox"/> RUNNING IN HEATING	<input type="checkbox"/> NOT RUNNING		
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 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

<input type="checkbox"/> SEND THE NECESSARY CHEMICAL INHIBITORS TO THE FOLLOWING ADDRESS:	<input type="checkbox"/> Use York Office Address
COMPANY NAME	PHONE NUMBER
ADDRESS	(REQUIRED) ( )
CITY, STATE, ZIP CODE	ATTN:

ADDITIONAL COMMENTS OR SPECIAL INSTRUCTIONS \_\_\_\_\_

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