



# Isoflow™ - Paraflow™ Solution Sample Submittal Form

## ABS#3

2197A 172M

RUSH or  ROUTINE  
FOR REPAIRS OR TROUBLESHOOTING FOR ROUTINE MAINTENANCE

19979

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 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.