



Isoflow™ - Paraflow™ Solution Sample Submittal Form

ABS#4

2012 A 154 M

<input type="checkbox"/> RUSH FOR REPAIRS OR TROUBLESHOOTING	or	<input checked="" type="checkbox"/> ROUTINE FOR ROUTINE MAINTENANCE
20000		

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:	7/6/18	DATE LAST ANALYSIS:	8/16/17	HOURMETER:	24,399H/825 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:	SAMPLE CONCENTRATION = 51.5% (should be less than 54%)				SOLUTION CHARGE (gallons)	1645
SYSTEM WAS:	<input checked="" type="checkbox"/> RUNNING IN COOLING	<input type="checkbox"/> RUNNING IN HEATING	<input type="checkbox"/> NOT RUNNING		(21944 lbs)	
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 N C M 9 4 2 3 0 0 1 7	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
