



# Isoflow™ - Paraflow™ Solution Sample Submittal Form

# ABS#2

\_\_\_\_\_ A \_\_\_\_\_ M

**RUSH** or  **ROUTINE**  
 FOR REPAIRS OR TROUBLESHOOTING      FOR ROUTINE MAINTENANCE

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: \_\_\_\_\_ 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: \_\_\_\_\_ DATE LAST ANALYSIS: \_\_\_\_\_ HOURMETER: \_\_\_\_\_  
 TYPE OF SOLUTION:  NITRATE  MOLYBDATE  CHROMATE  ADVAGuard(TM) 750

*AT TIME OF SAMPLING:*  
 SAMPLE CONCENTRATION = \_\_\_\_\_ (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	B	D	M	2	4	8	9	8	0		
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 Normal = 10 Characters  
 Early Houston = 13 Characters  
 YORK MODEL NO. 

Y	P	C	-	S	T	-	2	2	G	-	4	6	-	C	-	X	-	A
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 Blank = Nitrate  
 A or B = Molybdate

HITACHI SERIAL NO. 

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 HITACHI MODEL NO. 

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 → 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 \_\_\_\_\_  
 \_\_\_\_\_  
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