



# Chiller Nameplate (Oil & Ref) Information Form

\*Scheduled data collection date: 11 / 20 / 2017 Time: :

\*NexGen Activity #: 1-QM2TIO9

\*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 #8
*Machine Full Model #: OTT4G2-ZBES	
*Machine S/N: GACM117864	*Warranty? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exp:
Tonnage: 1250	*On a VFD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Compressor Information

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

*Compr Model #: LKC-73	*Compr S/N: 117864
*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: UV	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 checked="" type="checkbox"/> Compressor <input type="checkbox"/> Other _____		
^System Condition: <input type="checkbox"/> Operating <input checked="" 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: 3,250 lbs
^Ref temperature at time of sampling :	*Sample State: <input type="checkbox"/> Liquid <input type="checkbox"/> Vapor	
*Oil Type/Brand: YORK "J"	^Sample Date: 11/20/2017	^Sump Capacity: 15 Gallons
^Oil Mfg.: YORK	^Oil Grade: 200 SUS/46 ISO	^Date of last oil change: 02/06/2017

## Motor Information

(This information NOT needed for Oil / Refrigerant processing)

*Motor Make: RELIANCE ELECTRIC	Motor Model:		
*Motor S/N:			
*Volts: 4000	*HP: 1012	*Hertz: 60	*RPM:
*RLA/FLA: 130	LRA Delta: 628	LRA Y:	
Type: P	Frame: 21EA 5810S	Design:	
SF:	Form:	Code/KVA:	
Shaft End Bearing:	Open End Bearing:		

\* Required Fields for Predictive route \* & ^ Required fields for Oil/Ref samples

Rev. 5/18/2011