



# Chiller Nameplate (Oil & Ref) Information Form

*Scheduled data collection date:	/	/	Time:	:
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\*NexGen Activity #: \_\_\_\_\_

\*York Process System Startup?  Yes  No

Fax to: 414-524-4336

### General Information

*Branch: <b>DELMARVA</b>	*Branch #: <b>0N28</b>	
*FLSP: <b>KEVIN FRAZE</b>	^Employee ID: <b>1174842</b>	*Cell/Pgr #: <b>302-353-0315</b>
*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: <b>DUPONT EXPERIMENTAL STATION</b>
*Street Address: <b>RT. 141 LANCASTER PIKE</b>
*City, State, Zip: <b>WILMINGTON, DE, 19880</b>

### Machine Information

CMMS Equipment ID:

*Machine Make: <b>YORK</b>	Customer Ref #: <b>CHILLER #8</b>
*Machine Full Model #: <b>OTT4G2-ZBES</b>	
*Machine S/N: <b>GACM117864</b>	*Warranty? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exp:
Tonnage: <b>1250</b>	*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 #: <b>LKC-73</b>	*Compr S/N: <b>117864</b>
*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: <b>UV</b>	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 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: <b>R-134A</b>	^Sample Date:	^Sump Capacity: <b>3,250 lbs</b>
^Ref temperature at time of sampling :	*Sample State: <input type="checkbox"/> Liquid <input type="checkbox"/> Vapor	
*Oil Type/Brand: <b>YORK "J"</b>	^Sample Date:	^Sump Capacity: <b>15 Gallons</b>
^Oil Mfg.: <b>YORK</b>	^Oil Grade: <b>200 SUS/46 ISO</b>	^Date of last oil change:

### Motor Information

(This information NOT needed for Oil / Refrigerant processing)

*Motor Make: <b>RELIANCE ELECTRIC</b>	Motor Model:		
*Motor S/N:			
*Volts: <b>4000</b>	*HP: <b>1012</b>	*Hertz: <b>60</b>	*RPM:
*RLA/FLA: <b>130</b>	LRA Delta: <b>628</b>	LRA Y:	
Type: <b>P</b>	Frame: <b>21EA 5810S</b>	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