



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 #9
*Machine Full Model #: OTT4G2-ZBES	
*Machine S/N: GACM127698	*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: GACM-127698
*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: 02/23/2017	

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