



# 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 #9</b>
*Machine Full Model #: <b>OTT4G2-ZBES</b>	
*Machine S/N: <b>GACM127698</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>GACM-127698</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 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: <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