



Isoflow™ - Paraflow™ Solution Sample Submittal Form

ABS#2

_____ A _____ M

<input type="checkbox"/> RUSH FOR REPAIRS OR TROUBLESHOOTING	or	<input type="checkbox"/> ROUTINE 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: _____	HOURLY METER: _____
TYPE OF SOLUTION:	<input checked="" type="checkbox"/> NITRATE	<input checked="" type="checkbox"/> MOLYBDATE
	<input type="checkbox"/> CHROMATE	<input type="checkbox"/> ADVAGuard(TM) 750
<i>AT TIME OF SAMPLING:</i>		
SAMPLE CONCENTRATION = _____ (should be less than 54%)	SOLUTION CHARGE (gallons) _____ 1645	
SYSTEM WAS:	<input type="checkbox"/> RUNNING IN COOLING	<input type="checkbox"/> RUNNING IN HEATING
	<input type="checkbox"/> NOT RUNNING	(21944 lbs)
SAMPLE ENCLOSED:	<input type="checkbox"/> FILTERED	<input type="checkbox"/> UNFILTERED
	<input type="checkbox"/> BOTH	
SAMPLE WAS TAKEN FROM:	<input type="checkbox"/> ABSORBER	<input type="checkbox"/> OTHER _____

YORK SERIAL NO.	G B D M 2 4 8 9 8 0	Normal = 10 Characters Early Houston = 13 Characters
YORK MODEL NO.	Y P C - S T - 2 2 G - 4 6 - C - X - A	Blank = Nitrate A or B = Molybdate

HITACHI SERIAL NO.	_____ - _____ - _____	
HITACHI MODEL NO.	_____ - _____ - _____	→ Blank = Nitrate A or B = Molybdate

<input type="checkbox"/> SEND THE NECESSARY CHEMICAL INHIBITORS TO THE FOLLOWING ADDRESS:	<input type="checkbox"/> Use York Office Address
COMPANY NAME _____	PHONE NUMBER _____
ADDRESS _____	(REQUIRED) () _____
CITY, STATE, ZIP CODE _____	ATTN: _____

ADDITIONAL COMMENTS OR SPECIAL INSTRUCTIONS

