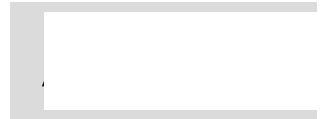




Isoflow™ - Paraflow™ Solution Sample Submittal Form



_____ A _____ M

RUSH or **ROUTINE**
 FOR REPAIRS OR TROUBLESHOOTING 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: _____ HOURMETER: _____
 TYPE OF SOLUTION: NITRATE MOLYBDATE CHROMATE ADVAGuard(TM) 750

AT TIME OF SAMPLING:
 SAMPLE CONCENTRATION = _____ (should be less than 54%) SOLUTION CHARGE (gallons) 1645
 SYSTEM WAS: RUNNING IN COOLING RUNNING IN HEATING NOT RUNNING (21944 lbs)
 SAMPLE ENCLOSED: FILTERED UNFILTERED BOTH
 SAMPLE WAS TAKEN FROM: ABSORBER OTHER _____

YORK SERIAL NO.

G	N	C	M	9	4	2	3	0	0	1	7	
---	---	---	---	---	---	---	---	---	---	---	---	--

 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

SEND THE NECESSARY CHEMICAL INHIBITORS TO THE FOLLOWING ADDRESS: Use York Office Address

COMPANY NAME _____ PHONE NUMBER _____
 ADDRESS _____ (REQUIRED) () _____
 CITY, STATE, ZIP CODE _____ ATTN: _____

ADDITIONAL COMMENTS OR SPECIAL INSTRUCTIONS _____

