

Frazek

Customer Name DuPont Bldg 336

Service Order Number 260-1006150

Bill To Same as above

Equipment ID (Tag ID) York YCAS

Work Site Experimental Station

Problem Sys#1 Compressor Malfunction/Sys#2 Leaks

Work Site Address Wilmington, DE

Contact Name/Phone Bob Sutter

Additional Billing Information

Quoted Price/Flat Rate \$ _____ Resolved? Yes Date _____ No

Type of Service:
 T&M No Charge RAC PSA# _____ Warranty to Installation # _____ Warranty to S.O. # _____

PAYMENT AUTHORIZATIONS

Purchase Order Number: _____ Print Name: Robert D. Sutter Signature: Robert D. Sutter

Credit Card Type MC VISA AMEX Card Holder Name: _____ Card Number: _____ Expiration Date: _____

ACTIVITIES

COMMENTS

Service Agent ID	Activity Type	Reg. Hours	1.5 OT Hrs.	2.0 OT Hrs.
<u>Frazek</u>	<u>MC</u>	<u>4</u>		
Date	Miles/Km	Expenses	Explanation	
<u>3/23/07</u>	<u>20</u>	<u>\$</u>		

Diagnostic of unit problems. Leak checks of Cir #2. Leaks were noted, will be repaired once Comp #1 is operative.

Service Agent ID	Activity Type	Reg. Hours	1.5 OT Hrs.	2.0 OT Hrs.
<u>Frazek</u>	<u>MC</u>	<u>6</u>		
Date	Miles/Km	Expenses	Explanation	
<u>3/26/07</u>	<u>20</u>	<u>\$</u>		

Added refrigerant to Cir #2. Removed Comp #1 slide valve. It was sheared in half. will need to replace.

MATERIALS

PO #: Truck #: F/O #	Vendor	Qty.	Description	Part #
		<u>1</u>	<u>Consumable Materials</u>	<u>CSM-1</u>
	<u>UR</u>	<u>180lbs</u>	<u>R-22</u>	

LEAK REPAIR / REFRIGERANT LOSS

Leak Location: Cir #2 Disc Line, O.I.F. Hrc, Suction Plug Leak Repaired? Yes Owner Declined Repair
 Initial Verification Test: Passed Failed Test Method: Electronic
 30-day Follow-up Verification Test (U.S. Federally Owned or Industrial Process Equipment only) Passed Failed

REFRIGERANT USE

Refrigerant Type: (Circle One) R11 R12 R22 R123 R134 Other: _____ Lbs/Kgs Used: 180lbs
 Supplied by: JCI Customer Other, Explain: _____ Design: 235lbs
 Is Unit Greater Than 50 lb/22.67 kg Full Charge? Yes No

REFRIGERANT RECOVERY

Recovery Unit Model #: _____ Recovery Unit Serial #: _____ Mfg. Date: _____
 Refrigerant Type: (Circle One) R11 R12 R22 R123 R134 Other: _____ Lbs/Kgs Recovered: _____
 Refrigerant Re-installed? Yes No If No, Disposition: _____
 If Recovery Subcontracted, company name: _____

LEAK RATE FORMULA, FOR UNITS GREATER THAN 50 LBS/22.67 KGS ONLY

$$\left[\frac{\text{lbs/kgs refrigerant added}}{\text{lbs/kgs in full charge}} \right] \times \left[\frac{\text{shorter of: 365 days or \# of days since refrigerant last added}}{365 \text{ days}} \right] \times 100 = \text{\% Leak Rate}$$

Additional Comments:

