



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: 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:
*Street Address:
*City, State, Zip:

Machine Information CMMS Equipment ID:

*Machine Make:	Customer Ref #:
*Machine Full Model #:	
*Machine S/N:	*Warranty? <input type="checkbox"/> Yes <input type="checkbox"/> No Exp:
Tonnage:	*On a VFD? <input type="checkbox"/> Yes <input type="checkbox"/> No

Compressor Information **Note if more than 1 compressor please fill out each on its own form.

*Compr Model #:	*Compr S/N:
*Compr Type: <input 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:	Hermetic? <input type="checkbox"/> Yes <input type="checkbox"/> No

Oil / Refrigerant Information SR / Activity / P.O. Number: _____
(If different than number at top of form)

<input type="checkbox"/> PDT Oil/Refrigerant Report (\$25 fee applies)	
^Sample Source: <input type="checkbox"/> Receiver <input type="checkbox"/> Evaporator <input type="checkbox"/> Condenser <input type="checkbox"/> Compressor <input type="checkbox"/> Other _____	
^System Condition: <input type="checkbox"/> Operating <input type="checkbox"/> Off	
^Chiller Duty: <input type="checkbox"/> Comfort Cooling <input type="checkbox"/> Process <input type="checkbox"/> Other	
^Heat transfer fluid: <input type="checkbox"/> Water <input type="checkbox"/> Calcium Chloride <input type="checkbox"/> Ethylene Glycol <input type="checkbox"/> Other _____	
*Refrigerant type:	^Sample Date:
^Sump Capacity:	
^Ref temperature at time of sampling :	*Sample State: <input type="checkbox"/> Liquid <input type="checkbox"/> Vapor
*Oil Type/Brand:	^Sample Date:
^Sump Capacity:	
^Oil Mfg.:	^Oil Grade:
^Date of last oil change:	

Motor Information (This information NOT needed for Oil / Refrigerant processing)

*Motor Make:	Motor Model:
*Motor S/N:	
*Volts:	*HP:
*Hertz:	*RPM:
*RLA/FLA:	LRA Delta:
LRA Y:	
Type:	Frame:
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