YORK® IsoFlow™ Inspection Report

FOR USE ON INSPECTION CONTRACT VISITS

Project Name:			ID#
Address:			
Model No.	Serial No.	YORK Order:	Hrs. of Operation:
By:		Date:	Time: AM PM

UNIT OPERATING CONDITIONS

Chilled Water	Inlet Temp. (°F) (°C)	
	Outlet Temp. (°F) (°C)	
	Pressure Drop (Psi) (kPa)	
	Flow (GPM) (l/s)	
Condenser Water	Inlet Temp. (°F) (°C)	
	Outlet Temp. (°F) (°C)	
	Pressure Drop (Psi) (kPa)	
	Flow (GPM) (l/s)	
Steam	Pressure (PSIG) (kPa)	
	Temperature (°F) (°C)	
	Condensate (°F) (°C)	
	Flow Measured (GPM) (l/s)	
Hot Water	Supply Temp. (°F) (°C)	
	Outlet Temp. (°F) (°C)	
	Return (°F) (°C)	
Refrigerant Temperatures	From Condenser (°F) (°C)	
	Pump Suction (°F) (°C)	
	Absorber Pressure (mm Hg. Abs.)	
Solution Temperatures	From Absorber (°F) (°C)	
	To Generator (°F) (°C)	
	From Generator (°F) (°C)	
	Connection from Heat Exchanger (°F) (°C)	
Solution Concentrations	From Generator (%)	
	From Absorber (%)	
	To Sprays (%)	
Additional Information and Checks	Load (tons) (kW)	
	Heat Balance (%)	

SERVICES PERFORMED

	Performed As Required	Once / Year	Every Service Visit
1. Operational check of all controls		☐	
2. Solution sample taken			☐
3. Inhibitor added _____ type _____ lbs. (kg)	☐		
4. Refrigerant added _____ gals. (l/s)	☐		
5. Refrigerant removed _____ gals. (l/s)	☐		
6. Check solution / refrigerant level			☐
7. Solution added _____ gals. (l/s)	☐		
8. Solution removed _____ gals. (l/s)	☐		
9. Check all electrical connections		☐	
10. Octyl alcohol added _____ gals. (l/s)	☐		
11. Perform Absorber shell bubble leak rate test _____ bubbles / min.			☐
12. Check torque on rupture disk flange (if applicable)			☐
13. Check unit for level and / or pitch (Steam units only)		☐	
14. Accuracy check of thermistors and transducers		☐	
15. Check operating amperage of pumps			☐
16. Check average skin temperatures of pumps			☐
17. Check vacuum of purge pump, change oil if necessary			☐
18. Inspect vacuum pump belt. Replace or tighten if needed			☐
19. Inspect Steam control valve for wear		☐	
20. Check steam control valve for proper modulation		☐	

Sketch Area:

Remarks / Recommendations: _____

Customer Signature: _____