YORK®

ParaFlow™
Solution Sample Submittal Form

Place label here

THIS FORM TO BE COMPLETELY FILLED OUT BY 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 _____ CUSTOMER ID NO. _____

ADDRESS _____ TELEPHONE (_____)_____

CITY, STATE, ZIP CODE _____

YORK DISTRICT OFFICE: _____ ATTN: _____

PURCHASE ORDER NUMBER: _____ DISTRICT OFFICE NUMBER _____

TELEPHONE (_____)_____ FAX (_____)_____

DISTRICT OFFICE ADDRESS: _____

DATE SAMPLED: _____ DATE LAST ANALYSIS: _____ HOURMETER: _____

TYPE OF SOLUTION: ☐ NITRATE INHIBITED ☐ MOLYBDATE INHIBITED

AT TIME OF SAMPLING:

SAMPLE CONCENTRATION = _____ (should be less than 54%)

SYSTEM WAS: ☐ RUNNING IN COOLING ☐ RUNNING IN HEATING ☐ NOT RUNNING

SAMPLE ENCLOSED: ☐ FILTERED ☐ UNFILTERED ☐ BOTH

SAMPLE WAS TAKEN FROM: ☐ ABSORBER ☐ OTHER _____

YORK SERIAL NO. | | | | | | | | | | | | |

Normal = 10 Characters
Early Houston = 13 Characters

YORK MODEL NO. | **Y** | **P** | **C** | **-** | | | **-** | | | | | **-** | | | **-** | | **-** | | **-** | |

Blank = Nitrate
A or B = Molybdate

HITACHI MODEL NO. | | | | **-** | | | | **-** | | | | |

HITACHI MFG. NO. | | | | | | | | | | **-** | | |

Blank = Nitrate
M = Molybdate

ADDITIONAL COMMENTS OR SPECIAL INSTRUCTIONS _____

_____

_____