



# REQUEST FOR OIL ANALYSIS

- Complete this form and attach to the filled test cylinder. • Follow cylinder filling instructions on reverse side.
- One form must be completed for each sample submitted.

Company: JOHNSON CONTROLS

Attn: KEVIN FRAZE

Address: 812 FIRST STATE BLVD

WILMINGTON, DE 19804

Job Location: DUPONT EXPERIMENTAL STATION

Phone: 302-353-0315 Fax: \_\_\_\_\_

Email address: KEVIN.M.FRAZE@SCI.COM

PO # \_\_\_\_\_ UR Store # NEW CASTLE, DE

Sample ID: CHILLER #7

Date sample taken: 4/10/17

## COMPRESSOR INFORMATION

- Hermetic? Yes  No
- Centrifugal  Rotary
- Reciprocating  Screw
- Other (describe) \_\_\_\_\_

\*Compressor serial no: MRP 626904

Oil mfr/brand or type/grade: YORK "K" OIL

Last date of oil change: ?

Hours operating since last oil change: ?

Sump Cap: 50 Gal: \_\_\_\_\_ Qt: \_\_\_\_\_ L: \_\_\_\_\_

Oil additive present: ?, UNLIKELY

Compressor mfr/brand: YORK OM255B7

## PLEASE CHECK TESTS REQUIRED

- Identification of type of oil
- Residual mineral oil in POE oil
- Residual mineral oil in AB oil
- Appearance / Color
- Moisture
- Other (explain below)
- Acidity
- Viscosity
- Wear metals

Comments or special requests:

OIL HAS TURNED GREEN IN THE PAST. SAMPLES FROM OTHER LABS NEVER REVEALED ANYTHING.

## SYSTEM INFORMATION

Unit mfr/model: YORK OM3000

Unit serial no: MRP 626904

Refrigerant: R-134A

No. filter/driers: 4 - RC1000's

Last date of filter/drier change: MARCH 2017

Retrofit in progress: Yes  No

If **YES**, please complete below:

Original oil type: \_\_\_\_\_

New oil type: \_\_\_\_\_

\*required for historical data reporting.

### Ship Sample To:

TOTAL CHILLER RUN TIME: (AS OF 4/10/17)  
85,246.7 HRS



ANALYTICAL LABORATORY  
 661 Kenyon Avenue  
 Rosenhayn, NJ 08352

Sampling Instructions on reverse side

