SUB-ZERO
PIPE FREEZING SERVICES, INC.
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www.SUBZEROPIPEFREEZING.com

CUSTOMER PIPE FREEZING DATA FORM

DATE: _____

CONTACT NAME: _____ PHONE# _____

EMAIL: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY PHONE: _____ COMPANY FAX: _____

JOBSITE ADDRESS: _____

CITY AND STATE: _____

JOBSITE CONTACT: _____ PHONE # _____

FOR SCHEDULING PURPOSES, WHEN WILL THIS SPECIFIC JOB TAKE PLACE: _____

(one week, one month, etc.)

DURING WHAT TIME FRAME IS THIS PROJECT EXPECTED TO BE DONE:

☐ Weekday ☐ Weeknight ☐ Saturday ☐ Sunday ☐ Holiday

SPECIFIC PIPE FREEZING INFORMATION

Please fill in the amount of freeze plugs requesting, the Pipe OD and Pipe Material below.

(A Double Freeze refers to two (2) Pipe Freezes performed at the same time, on the same subject pipe)

Work Area #	# of Plugs	Pipe O.D.	Type of Pipe	Notes
1				
2				
3				
4				
5				

PLEASE VIEW THE CHART BELOW FOR PIPE FREEZING JACKET CLEARANCES			
PIPE SIZE	Required Pipe O.D. Clearances From **Any** obstruction - such as: Other Pipes, Walls, Air Ducts, etc.	Required Linear Clearance on straight Pipe. This location MUST be Straight Pipe with no Welds, Fittings, Solder Joints, etc.	Total Overall Linear Pipe Clearance
1"	3"	5"	**18"**
2"	3"	6"	**20"**
3"	3"	9"	**22"**
4"	3"	9"	**24"**
5"	6"	14"	**30"**
6"	6"	16"	**36"**
8"	6"	20"	**40"**
10"	6"	25"	**48"**
12"	6"	27"	**56"**
14"	6"	30"	**63"**
16"	6"	35"	**70"**
18"	6"	40"	**76"**
20"	6"	42"	**82"**

(3" radial clearance on line sizes 4" and smaller, length of jacket 2D + 1" - no welds of fittings)
(6" radial clearance on line sizes 5" and larger, length of jacket 2D + 3" - no welds of fittings)

What type of system are you working on: _____
(i.e. chilled water, hot water, condenser, etc.)

What will the line temperature be, at the time of the freeze: _____
(if the system is above 100 degrees F - we will need to discuss the application further)

Does the system contain any glycol: ☐ Yes ☐ No

If Yes - What % _____ ☐ Ethylene ☐ Propylene ☐ Other: _____

Is the application ☐ Vertical ☐ Horizontal

What is the system pressure: _____

Verify the flow through the freeze area can be stopped during the freeze: _____

If flow cannot be stopped - Why: _____

Verify the distance the freeze is from any flowing branch lines: _____
(During the freeze process - if less than 15D, please call to discuss)

How large is the room we are working in, or above: _____

Distance bottles can be placed from freeze location: _____
(If this involves moving the bottles up or down stairs, seek alternate method of placement)

What is the ambient temperature in the room: _____

Is there air flow in the room: _____

Is the location a pit: ☐ Yes ☐ No If yes - How deep: _____

Where can the liquid nitrogen bottles be unloaded: _____

(You must verify that there are no obstructions, or stairs, between the unload point and the bottle placement for the freeze)

What kind of work will be done, once the freeze plug is established : _____

(i.e. cut and install valve, change existing valve, system modifications, etc.)

For planning purposes, how long is your work expected to take to complete: _____

(This is for liquid nitrogen and planning purposes)

Will you be introducing heat to the pipe , such as: welding, soldering, brazing or cutting the with torch, etc.

If yes - Is the welding or soldering ☐ Above ☐ Below ☐ Horizontal from the freeze

How far away from the freeze are you welding, soldering or brazing: _____

(Please call if you intend to weld closer than 1-1/2 feet to the Freeze Plug(s). We preferr to be at least 2 feet away)

Does the jobsite site have any security requirements: _____

_____

Any other special instructions: _____

_____

_____

_____

_____

_____

_____