



SUB-ZERO
PIPE FREEZING SERVICES, INC.
Phone: (773) 599-8708 or (773) 512-0111
Email: info@subzeropipefreezing.com

CUSTOMER PIPE FREEZING QUESTIONNAIRE

CUSTOMER GENERAL INFORMATION

CONTACT NAME: _____ PHONE# _____

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.)

SPECIFIC PIPE FREEZING INFORMATION

Please fill in the amount of freeze plugs requesting, the Pipe OD and Pipe Material below.
(a double is two freezes)

# of Plugs	Pipe O.D.	Type of Pipe	Notes

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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.
1"	3"	5"
2"	3"	6"
3"	3"	9"
4"	3"	9"
5"	5"	14"
6"	5"	16"
8"	5"	20"
10"	5"	25"
12"	5"	27"
14"	5"	30"
16"	6"	35"
18"	6"	40"
20"	6"	42"

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

(5" 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 110 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)

During what timeframe is this project expected to be done:

Weekday Weeknight Saturday Sunday Holiday

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 one foot to the freeze plug.-We prefer to be at least one foot away)

Does the jobsite site have any security requirements: _____

Any other special instructions: _____
