

Tower Location _____ Date Inspected _____
 Owner / Company _____ Inspected by _____
 Company Contact _____ Inspector _____
 Signature _____ Signature _____
 Owner's Tower Designation _____
 Tower Manufacturer _____ Model No. _____ Serial No. _____
 Process Served by Tower _____ Operation: Continuous Intermittent Seasonal
 Design Conditions: GPM _____ HW _____ °F CW _____ °F WB _____ °F
 Cell No. _____ Number of Fan Cells _____ Tower Type: Crossflow Counterflow
 Date Tower was Installed _____

This checklist is intended to be used as a guide only. This checklist may not cover all potential issues and should not be relied upon as a substitute for Authorized Service Provider's professional judgment. Authorized Service Provider should report on all issues. Any issues that are identified for which a space is not otherwise provided in the checklist, should be noted in the Other Component sections or in a supplementary document.

Condition: 1-Good 2-Keep an eye on it 3-Needs immediate attention

Structure

Casing Material _____
 Structural Material _____
 Fan Deck Material _____
 Stairway Material _____
 Ladder Material _____
 Handrail Material _____
 Interior Walkway Material _____
 Cold Water Basin Material _____
 Silt, Debris Buildup _____

1	2	3	Comments

Water Distribution System

Open Basin System

Distribution Basin Material _____
 Inlet Pipe Material _____
 Inlet Manifold Material _____
 Flow Control Valves _____ Size _____
 Nozzles – Orifice Diameter _____ Size _____
 Silt, Algae, Debris _____

Spray Type System

Header Pipe Material _____
 Branch Pipe Material _____
 Nozzles – Orifice Diameter _____ Size _____
 Up spray Down spray

Heat Transfer System

Fill – Type and Material _____
 Eliminators – Type and Material _____
 Louvers – Type and Material _____
 Biological Fouling _____

Use this space to list specific items needing attention: _____

