



EVAPORATIVE COOLING EQUIPMENT INSPECTION SHEET

DATE: _____ MODEL NUMBER: _____ Claim Number: _____
 B.A.C. Serial No.: _____
 Job Name and Location: _____ Report prepared by: _____
 Photograph on File Yes No Owner's Representative: _____
 Owner's Phone No.: _____
 Owner's email: _____

GENERAL OBSERVATION

	YES/NO		
	YES	NO	
BAC Labels Intact/Legible/Current	<input type="checkbox"/>	<input type="checkbox"/>	
BAC Representative Label in Place	<input type="checkbox"/>	<input type="checkbox"/>	
Unit Operating Satisfactorily (Sound, Vibration, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Water Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Unit in Satisfactory Condition (Exterior & Interior Casings, Basins)	<input type="checkbox"/>	<input type="checkbox"/>	
Fan & Drive System Rotates Freely	<input type="checkbox"/>	<input type="checkbox"/>	
Sheaves Properly Aligned	<input type="checkbox"/>	<input type="checkbox"/>	
BALTIBOND® Corrosion Protection System	<input type="checkbox"/>	<input type="checkbox"/>	
BALTIDRIVE® PowerTrain Drive System	<input type="checkbox"/>	<input type="checkbox"/>	
Gear Drive System	<input type="checkbox"/>	<input type="checkbox"/>	
VFD	<input type="checkbox"/>	<input type="checkbox"/>	

SPECIFIC COMPONENT OBSERVATIONS

	EXISTING PART BY B.A.C.? (YES/NO)	
DRIVE SYSTEM		COMPONENT CONDITION/COMMENTS
Motor Sheave	<input type="checkbox"/> <input type="checkbox"/>	
Fan Sheave	<input type="checkbox"/> <input type="checkbox"/>	
Belts	<input type="checkbox"/> <input type="checkbox"/>	
Gear	<input type="checkbox"/> <input type="checkbox"/>	
Fan Motor	<input type="checkbox"/> <input type="checkbox"/>	
Fan	<input type="checkbox"/> <input type="checkbox"/>	
Shaft	<input type="checkbox"/> <input type="checkbox"/>	
Bearings	<input type="checkbox"/> <input type="checkbox"/>	
WATER/AIR SYSTEM		
Spray Pump	<input type="checkbox"/> <input type="checkbox"/>	
Pump Motor	<input type="checkbox"/> <input type="checkbox"/>	
Strainers	<input type="checkbox"/> <input type="checkbox"/>	
Make-up Assembly	<input type="checkbox"/> <input type="checkbox"/>	
Louvers	<input type="checkbox"/> <input type="checkbox"/>	
Distribution Boxes	<input type="checkbox"/> <input type="checkbox"/>	
Eliminators	<input type="checkbox"/> <input type="checkbox"/>	
Spray Header & Branches	<input type="checkbox"/> <input type="checkbox"/>	
Nozzles (Type)	<input type="checkbox"/> <input type="checkbox"/>	
Fill	<input type="checkbox"/> <input type="checkbox"/>	
Coil	<input type="checkbox"/> <input type="checkbox"/>	

ACCESSORIES

	Part of Unit (YES/NO)	ACCESSORY CONDITION/COMMENTS
Sound Attenuation	<input type="checkbox"/> <input type="checkbox"/>	_____
Air Inlet/Discharge Screens	<input type="checkbox"/> <input type="checkbox"/>	_____
Extended Lube Lines	<input type="checkbox"/> <input type="checkbox"/>	_____
ENERGY MISER® Fan System	<input type="checkbox"/> <input type="checkbox"/>	_____
Electric Water Level Control	<input type="checkbox"/> <input type="checkbox"/>	_____
Basin Heaters	<input type="checkbox"/> <input type="checkbox"/>	_____
Sump Sweeper Piping	<input type="checkbox"/> <input type="checkbox"/>	_____
Hot Water Basin Covers	<input type="checkbox"/> <input type="checkbox"/>	_____
Vibration Cutout Switch	<input type="checkbox"/> <input type="checkbox"/>	_____
Positive Closure Dampers	<input type="checkbox"/> <input type="checkbox"/>	_____
Service Platforms	<input type="checkbox"/> <input type="checkbox"/>	_____
Internal Walkways	<input type="checkbox"/> <input type="checkbox"/>	_____

CUSTOMER INTERVIEW re: OPERATING HISTORY

DESCRIPTION OF EQUIPMENT OPERATION (Year-Round, Seasonal, 24/7, etc.)

MAINTENANCE HISTORY (Motor, Belts, Sheaves, Bearings, Shafts, etc.)

SPECIFIC PROBLEMS WITH THIS UNIT

CUSTOMER INFORMATION PROVIDED

- Operating and Maintenance Instructions
- Quick Reference Maintenance Check List
- BAC Genuine Parts Reference Guide
- Equipment Inspection Sheet
- Post Card

PLEASE NOTE: THIS GENERAL INSPECTION HAS BEEN PERFORMED AS A COURTESY. FOR A COMPREHENSIVE EVALUATION AND RECOMMENDATIONS, PLEASE CONTACT YOUR LOCAL BAC REPRESENTATIVE.