



# 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		COMMENTS
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)		COMPONENT CONDITION/COMMENTS
DRIVE SYSTEM			
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.