

# Cooling Tower Inspection Checklist

**Frequency (Circle One):    Monthly    Quarterly    Semi-Annual    Annual**

Date Inspected:	Hospital Name:		
Inspected by:	Location:		
Manufacturer:	Hospital's Tower Designation:		
Inspected by:	Location:		
Manufacturer:	Hospital's Tower Designation:		
Model No.:	Serial No.:	Process Served By Tower:	
Operation:    Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Seasonal <input type="checkbox"/>		No. of Fan Cells:	
<b>Gear Drive Units-</b> Manufacturer _____ Model No. _____ Serial No. _____			
Oil Level: <input type="checkbox"/> Full <input type="checkbox"/> Low <input type="checkbox"/> Add Immediately	Oil Type Used: _____		
Oil Condition: <input type="checkbox"/> Good <input type="checkbox"/> Contains Water <input type="checkbox"/> Contains Metal <input type="checkbox"/> Contains Sludge			
Any Unusual Noises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Action Required: _____		
<b>Drive Shafts:</b> Coupling aligned <input type="checkbox"/> Yes <input type="checkbox"/> No    Coupling fasteners tight <input type="checkbox"/> Yes <input type="checkbox"/> No    Unusual Wear <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Belt Drive Units-</b> Fan Shaft Bearing Lubricated <input type="checkbox"/> Yes <input type="checkbox"/> No    Support Fasteners Tight <input type="checkbox"/> Yes <input type="checkbox"/> No    Belt Tension Checked <input type="checkbox"/> Yes <input type="checkbox"/> No Shaft Sheave and belt aligned <input type="checkbox"/> Yes <input type="checkbox"/> No    Sheave, bushing, fastener torqued <input type="checkbox"/> Yes <input type="checkbox"/> No    Any Unusual Noises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Fans-</b> <input type="checkbox"/> Fixed Pitch <input type="checkbox"/> Adjustable Pitch    Diameter _____    Number of Blades _____			
<b>Motor</b>		Last Lubrication Date: _____	Grease Type _____
Name Plate Data:    HP _____    RPM _____    Phase _____    Hz _____    Volts _____    F.L. Amps _____ Frame _____    S.F. _____    Special Info _____			
Any Unusual Noise: <input type="checkbox"/> Yes <input type="checkbox"/> No		Action Required:	
Any Unusual Vibration: <input type="checkbox"/> Yes <input type="checkbox"/> No		Action Required:	
Any Unusual Heat Build-up: <input type="checkbox"/> Yes <input type="checkbox"/> No		Action Required:	

**Structure**

FEATURE	CONDITION/COMMENTS
Casing	_____
Fasteners	_____
Structural	_____
Fan Deck	_____
Stairway	_____
Ladder	_____
Guardrails	_____
Interior Walkway	_____
Cold Water Basin	_____

**Water Distribution System**

FEATURE	CONDITION/COMMENTS
Distribution Basin	_____
Inlet Pipe	_____
Inlet Manifold	_____
Flow Control Valve	_____
Nozzles	_____
	_____
	_____
	_____

**Mechanical Equipment**

FEATURE	CONDITION/COMMENTS
Seals	_____
Drive Shafts	_____
Fan Assembly	_____
Fan Shaft	_____
Blade	_____
Hub	_____
Hub Cover	_____
Blade Pitch & fan cylinder	_____
Vibration Level	_____
Oil Fill & Drain Lines	_____
Oil Level Sight Glass	_____
Vibration Limit Switches	_____
Make-up Valves	_____
Other Components	_____

**Heat Transfer System**

FEATURE	CONDITION/COMMENTS
Fill	_____
Drift Eliminators	_____
Louvers	_____
Basin Heaters	_____
Water Level Sensor	_____
Temp Water Sensor	_____
	_____
	_____
	_____

**Condition of the Feature:** Using the key below, apply the Number that best describes the condition of each item.

**Key**

- 1 – Good
- 2 – Keep an eye on it
- 3 – Needs Immediate attention
- N/A – Not Applicable

**Comments**

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