

Daily Cooling Tower Inspection Checklist

Date Inspected:	Hospital Name:	
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:	
Inspect General Condition and Operation of the Following Features:		

Inspection/Operation Of:

	CONDITION/COMMENTS
Mechanical-motor, fan and drive mechanism	_____
Inspect for unusual noise or vibration or oil leaks	_____
Makeup valve (if equipped)	_____
Collection water basin level	_____
Blow down / adjust as required	_____
Biocide feed pump operation	_____
Condenser water pump (On/Off) (✓)	ON: _____ OFF: _____
If CWP "Off" indicated above, run for a minimum of 30 minutes (with biocide)	Start Time: _____ End Time: _____ Total Time Run: _____

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
