

Form 3: Cooling Tower Information

For Office Use Only

Owner ID: _____ Registration ID: _____

Cooling System ID: _____ Cooling Tower ID: _____

Complete this form for **each** Cooling Tower in this Cooling System. Date: _____

Building Name: _____

Cooling System Identifier: _____ Tower Identifier: _____

Address: _____

Physical Location of Cooling Tower: _____

Cooling Tower Information

Year Constructed: _____

GPS Co-ordinates (if available) X: _____ Y: _____

Is this Cooling Tower shut down for more than 3 consecutive days? Yes/No _____

Is this a seasonally operated cooling tower? Yes/No _____

Start Date: _____ Shut Down Date: _____

Are drift eliminators tightly fitted and in good repair? Yes/No _____

Is an automated biocide dosing device fitted to this tower? Yes/No _____

What is the estimated tower water volume in gallons or litres _____

Is there a Risk Management Plan for this Cooling Tower? Yes/No _____

When did you last revise your Risk Management Plan? _____

Are ASHRAE, CTI or other industry best practices for operating a Cooling Tower implemented for this Cooling Tower? Yes/No _____

Check all that apply: ☐ ASHRAE ☐ CTI ☐ Manufacturer Instructions

☐ Other (Specify): _____

Are you keeping up-to-date records of maintenance in a log book? Yes/No _____