



CUSTOMER:		DATE	
SITE:		CERTIFICATE NUMBER	
LOCATION:		WORK ORDER NUMBER	
ATTENTION:		CUSTOMER NUMBER	

Job Safety Analysis Completed:	<input type="checkbox"/>	Brand & Model Number:	
TOWER(S) CLEANED			
Serial Number			
Clean Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online Disinfection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decontamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaned to AS3666/State Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONDITION of COOLING TOWER(S)			
Clean No evidence of sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mildly Dirty Up to 3mm of sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirty Extensive Sludge, Slime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY REQUIREMENTS PRE-SHUT DOWN	
Check in with onsite staff <input type="checkbox"/>	Permits Issued (if required)
Tagging of electrical & valving completed <input type="checkbox"/>	

CHEMICAL DISINFECTION	
Free Oxidant – Chlorine (10ppm)	
Free Oxidant – Chlorine (20ppm)	
pH Level	

RESTART CHECKLIST			
Drain valve closed <input type="checkbox"/>	Adequate Supply of Makeup Water <input type="checkbox"/>	Suction Line Valves Open <input type="checkbox"/>	
Strainers Reinstated <input type="checkbox"/>	No Corrosion in Basin/Supports <input type="checkbox"/>	Return Line Valve Open <input type="checkbox"/>	
Drainage OK <input type="checkbox"/>	Area Around Tower(s) Cleaned <input type="checkbox"/>	Balance Line Valve Open <input type="checkbox"/>	
Fill Pack OK <input type="checkbox"/>	Reinstated Drift Eliminators <input type="checkbox"/>	Make-up Valve Opened <input type="checkbox"/>	
Drift Eliminators OK <input type="checkbox"/>	No Evidence of Water Leaks <input type="checkbox"/>	Spray Bars/Nozzles OK <input type="checkbox"/>	
All Tags Removed <input type="checkbox"/>	Water Treatment Re-Instated <input type="checkbox"/>	Circulation Pump(s) On <input type="checkbox"/>	
Ball Valve/Float OK <input type="checkbox"/>	Splash Louvers Reinstated <input type="checkbox"/>	Turned Fan(s) On <input type="checkbox"/>	
Chiller reset/ on <input type="checkbox"/>	Tower Hatch(s) Closed <input type="checkbox"/>	Tower Quick Fill Shut <input type="checkbox"/>	

COMMENTS	

ACTION REQUIRED:	Select.	SIGNATURE:	
CUSTOMER:		SIGNATURE:	
CLEANED BY:			

PHOTOS: Insert Electronically			
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