



Phone: 800-206-9884

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www.Enivroguard.com

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Photos Attached: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Pager: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Sales Rep: \_\_\_\_\_  
 Contact Date: \_\_\_\_\_

### Material Inspection & Evaluation Form

| Spill Containment System Information |                                  |                               |                                      |                                 |
|--------------------------------------|----------------------------------|-------------------------------|--------------------------------------|---------------------------------|
| Date Purchased:                      | _____                            |                               |                                      |                                 |
| Model Installed (Mark "X"):          | Eagle <input type="checkbox"/>   | Hawk <input type="checkbox"/> | Condor-Plus <input type="checkbox"/> | Condor <input type="checkbox"/> |
| Length & Width:                      | _____                            |                               |                                      |                                 |
| Pillow Type & Quantity:              | NABPIL <input type="checkbox"/>  | SOC <input type="checkbox"/>  | VRLAPAD <input type="checkbox"/>     | KOH <input type="checkbox"/>    |
| Serial # from 1 pillow:              | _____                            |                               |                                      |                                 |
| Battery Type (Mark "X"):             | Flooded <input type="checkbox"/> | VRLA <input type="checkbox"/> | NiCd <input type="checkbox"/>        | Other <input type="checkbox"/>  |
| String Designation:                  | _____                            |                               |                                      |                                 |
| Date Batt. Placed in Srvc:           | _____                            |                               |                                      |                                 |
| Site Name:                           | _____                            |                               |                                      |                                 |
| Address:                             | _____                            |                               |                                      |                                 |
| Site Contact & Phone # :             | _____                            |                               |                                      |                                 |

| Site Manager |       |
|--------------|-------|
| Company:     | _____ |
| Address:     | _____ |
| Contact:     | _____ |
| Phone # :    | _____ |

| Installation Technician |   |
|-------------------------|---|
| Company:                | _____   |
| Name:                   | _____   |
| Factory Trained?:       | Yes <input type="checkbox"/> No <input type="checkbox"/>          |
| If yes, Level 1 or 2?:  | Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> |

| Environmental Conditions |  |
|--------------------------|--|
| Average Room Temp.:      | _____  |
| Average Humidity:        | _____  |
| Type of Lighting:        | Incandescent <input type="checkbox"/> Fluorescent <input type="checkbox"/> Mercury <input type="checkbox"/> Other <input type="checkbox"/> |
| Exposure to Sunlight?:   | _____  |
| Latitude & Longitude:    | _____  |

| Internal Use Only |       |
|-------------------|-------|
| Case #:           | _____ |
| MWE#:             | _____ |
| Recycle:          | _____ |
| Disposal:         | _____ |
| Warranty Credit:  | _____ |

| Other Systems Installed     |   |
|-----------------------------|---|
| Date Purchased:             | _____   |
| Model Installed (Mark "X"): | Eagle <input type="checkbox"/> Hawk <input type="checkbox"/> Condor-Plus <input type="checkbox"/> Condor <input type="checkbox"/> |
| Length & Width:             | _____   |
| Pillows (Qty):              | NABPIL _____ SOC _____ VRLAPAD _____ KOH _____  |
| Serial Numbers:             | _____   |

| Inspection History |           |        |
|--------------------|-----------|--------|
|                    | Quarterly | Annual |
| Year 1             | _____     | _____  |
| Year 2             | _____     | _____  |
| Year 3             | _____     | _____  |
| Year 4             | _____     | _____  |
| Year 5             | _____     | _____  |
| Beyond             | _____     | _____  |

| Audit Request |                    |
|---------------|--------------------|
| _____         | Facility           |
| _____         | Battery Room       |
| _____         | Security           |
| _____         | Environmental      |
| _____         | Hazardous Material |
| _____         | Management         |
| _____         | Job Walk           |

### Comments

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Sign Date