



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