



Phone: 800-206-9884
 Fax: 909-624-1772
 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