



Heat Exchanger Audit

121 S Lombard Rd
Addison IL 60101
630-629-3504

Date _____ Auditor's Name _____

Company Name _____

Company Address _____

Customer Name _____

HEX Manufacturer _____

HEX Part Number _____

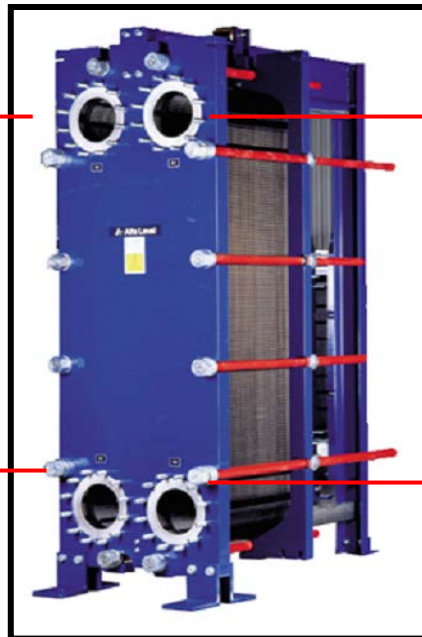
HEX Serial Number _____

Number of Plates _____

Location / Tag Number _____

Date of Last Plate Change or Repair _____ Current Service Provider _____

Fluid	
Temp	
Est. Flow	
Hot /Cold	
In/ Out	



Fluid	
Temp	
Est. Flow	
Hot /Cold	
In/ Out	

Fluid	
Temp	
Est. Flow	
Hot /Cold	
In/ Out	

Fluid	
Temp	
Est. Flow	
Hot /Cold	
In/ Out	

Observations (leaks, cracks, etc)	
General Notes	

Auxillary Equipment		
Flow Meters (Y/N)	Type:	
PH or Conductivity (Y/N)	Type:	
Pressure Gauges (Y/N)	Temperature Gauges (Y/N)	
BTU Meter (Y/N)	Type:	
Other		