

Heat Exchanger Audit

Date: _____ Auditor: _____


Company: _____
 Address: _____

 Customer: _____
 Current Service Provider: _____

HEX MFR: _____ HEX Part No.: _____
 HEX Serial No.: _____
 No. of Plates: _____ Location/Tag No.: _____
 Date of Last Plate Change/Repair: _____

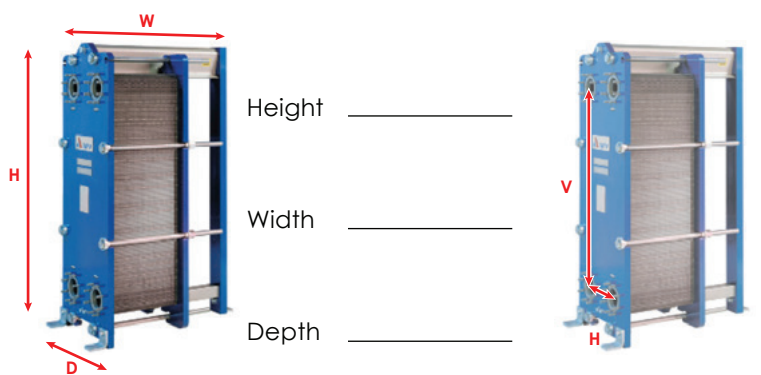
Fluid _____
 Temp. _____
 Est. Flow _____
 Hot Cold
 In Out

Fluid _____
 Temp. _____
 Est. Flow _____
 Hot Cold
 In Out



Fluid _____
 Temp. _____
 Est. Flow _____
 Hot Cold
 In Out

Fluid _____
 Temp. _____
 Est. Flow _____
 Hot Cold
 In Out



Height _____
 Width _____
 Depth _____

V: _____
 Port Center to Center line Vertical

H: _____
 Port Center to Center line Horizontal

Observations (leaks Cracks, etc.) _____

General Notes: _____

Auxillary Equipment _____

Flow Meters (Y / N) Type: _____

PH or Conductivity (Y / N) Type: _____

Pressure Gauges (Y / N) Temp Gauges (Y / N)

BTU Meter (Y / N) Type: _____

Other _____