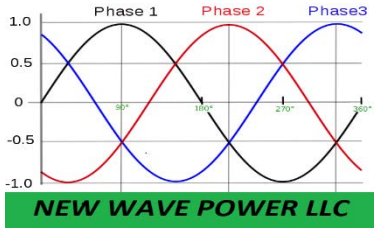

Motor / Equipment Audit Form

Phone 603-502-4474 Email sales@newavepower.com

Facility Square Footage _____ Contact Name _____ Page # _____

Facility Name and location _____ Phone # _____

Identification Number	**Annual Run hours**	**Fan , Pump, RTU**	**Hp**	**Motor Voltage**	**Application and Description Location Environment notes**
Example CR 1	2000 Hours	Fan	2	230	Hot Water Circulator Pump Enclosure Indoor or outdoor water tight