

INSPECTION FORM

Stroud GA

PO Box 3240, Ruidoso, NM 88355

Owner of the inspected irrigation unit _____

Make of Unit: _____ Model: _____ SN: _____ Year: _____

Does system make a full circle? _____ If no, are end of-field stops or barricades installed? _____

Pivot Point: Is the pivot pipe properly greased? YES NO
 Pivot Pad: Is it properly secured? YES NO
 Are there any cracks? YES NO
 Control Panel: Is it properly secured? YES NO
 Are there any problems? YES NO
 If so, explain: _____
 Collector ring: Is the packing good? YES NO

Drive Units: Are base beams sound? YES NO
 Gear Boxes: Is there bearing noise? YES NO
 Have all bad gear boxes been repaired or replaced? YES NO
 Spans: Do spans have correct arch? YES NO
 Are bolts tight? YES NO Pipe: Is it sound? YES NO
 Pipe diameter _____ inches Is it galvanized? YES NO
 What is your opinion of the stability of the
 pipe? _____

Hydraulics: Are all valves, guidance valves and guidance
 cables working properly? YES NO
 Have all bad valves & cables been replaced? YES NO
 Oil Lines: Are all oil lines in good condition? YES NO
 Have all defective lines been repaired or replaced? YES NO

Switches: Are all forward/reverse and safety switches working
 properly? YES NO
 Have all bad switches been replaced? YES NO Tower motors:
 Is there bearing noise? YES NO Have all bad motors been
 repaired or replaced? YES NO

What is your overall professional opinion of the structural, electrical and mechanical integrity of this irrigation unit? _____

I understand that the above information will be used for the underwriting and rating of acceptable risk.
 I have physically inspected this irrigation unit and attest to these findings.

Signature of inspector: _____ Date _____

Employer: _____ Phone _____

Employer's address (street): _____

I am not aware of any mechanical/electrical defects that would affect the structural or mechanical integrity of
 this irrigation unit. I understand that I am solely responsible for any expense incurred when an inspection is
 performed as a requirement of application for insurance, and the Company/General Agency bears no part in
 the cost of inspection.

Signature of Applicant: _____ Date: _____