Emergency Generators

Location:						
Make/Model:						
Fuel Type:						
Oil Filter Number:						
Gas Filter Number:						
Oil Type and Weight:						
Air Filter:						
Start and run emergence maintenance will include:	y generators	weekly;	additional	service	for the	preventive
Biannual fuel insper	ction and servi	cing.				
Additive and amo	ount used:					
Filter changed, if	warranted:					
Gallons of fuel a	dded to tank: _					
 Additional oil and a recommendation; r Oil change: 	not to exceed m		ın hours.		n, per ma	nufacturer's
	Date	_		Signature	_	_
Air filter change:	Date			Signature	_	
Additional oil and a	ir filter change	(if maximu	m run houi	rs are exc	eeded):	
Oil change:						
A	Date			Signature		
Air filter change:	Date			Signature		
 Annual load test of 	all switching ge	ears each	June with ι	utility com	pany:	
Date	Staff Signature		 - ₁	Utility Compan	ny Signature	
Additional monthly	service checks	-				
Date		nature				
Comment/parts used	1.					

Date Comment/parts used:	Signature
Date Comment/parts used:	Signature

Date Comment/parts used:	Signature
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Date Comment/parts used:	Signature

(R 10/24)