

Location: \_\_\_\_\_

Make/Model: \_\_\_\_\_

Fuel Type: \_\_\_\_\_

Oil Filter Number: \_\_\_\_\_

Gas Filter Number: \_\_\_\_\_

Oil Type and Weight: \_\_\_\_\_

Air Filter: \_\_\_\_\_

- Biannual fuel inspection and servicing.

Additive and amount used:

Filter changed, if warranted:

Gallons of fuel added to tank:

- Additional oil and air filter change in November or, at a minimum, per manufacturer's recommendation; not to exceed maximum run hours.

Oil change: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Air filter change: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

- Additional oil and air filter change (if maximum run hours are exceeded):

Oil change: \_\_\_\_\_

Date Signature

Air filter change: \_\_\_\_\_

Date	Signature
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- Annual load test of all switching gears each June with utility company:

Date	Staff Signature	Utility Company Signature
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- Additional monthly service checks:

Date	Signature
Comment/parts used:	

Date _____	Signature _____
Comment/parts used:	

Date _____	Signature _____
Comment/parts used:	

Date _____	Signature _____
Comment/parts used:	

Date _____	Signature _____
Comment/parts used:	

Date _____	Signature _____
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