WEEKLY GENERATOR INSPECTION

Facility/office/site: ___________________________ Date: ________________

Inspector: __________________________________________

1. Oil levels and lines ____________________________

2. Fuel levels and lines ____________________________

3. Main tank at least 3/4 full at all times ☐ Yes ☐ No

4. Day tank, if generator has one, is kept full at all times for instant startup ☐ Yes ☐ No

5. Water levels ____________________________

6. Block heater ____________________________

7. General condition of belts and hoses

8. Generator cleanliness

________________________________________________

9. Batteries are in good condition with respect to:
☐ Distilled water level
☐ Condition of terminals and cells
☐ Charging system
☐ Trickle charger, if applicable, tested per manufacturer’s specifications

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: ORIGINAL - Maintenance COPY - Facility Emergency Response Manager

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