QUARTERLY LOAD TEST

Facility/office/site: ________________________________ Date: ________________
Inspector: ________________________________________

1. Who started the generator(s)? ________________________________

2. Date __________________________

3. When was it started? ________________________________

4. How long was it running? ________________________________

5. When was it shut off? ________________________________

6. Stop hours ________________________________

7. Fuel consumption ________________________________

8. Any suspected problems? □ Yes □ No If yes, explain: ________________________________

9. Other information required by the periodic maintenance system recommended by the manufacturer.

10. Inspect:
    □ Oil pressure and line
    □ Operation of pump and fuel lines
    □ Water temperature
    □ Generator output
    □ Switching mechanism
    □ Leaks

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

DOC 15-033 (Rev. 05/04/21)