SEMI-ANNUAL UPS INSPECTION

Facility/office/site: ____________________________  Date: ______________

Inspector: ____________________________________

1. UPS Status (Start) __________________________
2. Supply voltage _____________________________
3. Output voltage _____________________________
4. Load percentage _____________________________
5. General condition of UPS _____________________
6. General cleanliness of UPS ____________________
7. UPS Status (End) ____________________________
8. Method used to test batteries __________________
9. Battery install date __________________________
10. Batteries replaced? ☐ Yes ☐ No

Notes:
____________________________________________________________________
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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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