



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:

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