

EMERGENCY GENERATORS

IUB PHYSICAL PLANT

RUN TEST

N-OPS

MONTHLY SERVICE

DATE:

BUILDING:

WORK ORDER #:

OIL LEVEL OK? _____ ADDED HOW MUCH? _____
 COOLANT LEVEL OK? _____ ADDED HOW MUCH? _____
 LEAK INSPECTION OK? _____ WHAT LEAKED? _____ LEAK LOCATION: _____
 FUEL LEVEL? _____

BATTERY FLUID OK? YES NO ADDED HOW MUCH? _____

CHARGER OUTPUT AMPS _____

BATTERY CELL READINGS					

TESTED UNDER LOAD YES NO OTHER _____
 TRANSFER SWITCH OPERATION OTHER _____
 LOUVER OPERATION OTHER _____
 ENGINE HOURS START _____
 ENGINE HOURS END _____
 OIL PRESSURE _____
 TEMPERATURE _____

	VOLTAGE	AMPS	FREQUENCY
LEG #1			
LEG #2			
LEG #3			

RUN START TIME _____ AM PM RUN END TIME _____ AM PM

NAME _____ TIME CHARGED? _____
 NAME _____ TIME CHARGED? _____
 NAME _____ TIME CHARGED? _____
 NAME _____ TIME CHARGED? _____

COMMENTS: