

### Emergency Generators

Location: \_\_\_\_\_

Make/Model: \_\_\_\_\_

Fuel Type: \_\_\_\_\_

Oil Filter Number: \_\_\_\_\_

Gas Filter Number: \_\_\_\_\_

Oil Type and Weight: \_\_\_\_\_

Air Filter: \_\_\_\_\_

Start and run emergency generators weekly; additional service for the preventive maintenance will include:

- Bi-annual fuel inspection and servicing.

Additive and amount used: \_\_\_\_\_

Filter changed, if warranted: \_\_\_\_\_

Gallons of fuel added to tank: \_\_\_\_\_

- Additional oil and air filter change in November or, at a minimum, per manufacturer's recommendation; not to exceed maximum run hours.

Oil change: \_\_\_\_\_  
Date Signature

Air filter change: \_\_\_\_\_  
Date Signature

- Additional oil and air filter change (if maximum run hours are exceeded):

Oil change: \_\_\_\_\_  
Date Signature

Air filter change: \_\_\_\_\_  
Date Signature

- Annual load test of all switching gears each June with utility company:

\_\_\_\_\_  
Date Staff Signature Utility Company Signature

- Additional monthly service checks:

Date	Signature
Comment/parts used:	

_____	_____
Date	Signature
Comment/parts used:	

_____	_____
Date	Signature
Comment/parts used:	

_____	_____
Date	Signature
Comment/parts used:	

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