

### 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:

- Biannual 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:	

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Comment/parts used:	

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