



# WEEKLY GENERATOR INSPECTION

Facility/office/site: \_\_\_\_\_

Date: \_\_\_\_\_

Inspector: \_\_\_\_\_

1. Oil levels and lines \_\_\_\_\_

2. Fuel levels and lines \_\_\_\_\_

3. Main tank at least 3/4 full at all times  Yes  No

4. Day tank, if generator has one, is kept full at all times for instant startup  Yes  No

5. Water levels \_\_\_\_\_

6. Block heater \_\_\_\_\_

7. General condition of belts and hoses

\_\_\_\_\_

8. Generator cleanliness

\_\_\_\_\_

9. Batteries are in good condition with respect to:

Distilled water level

Condition of terminals and cells

Charging system

Trickle charger, if applicable, tested per manufacturer's specifications

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