



QUARTERLY LOAD TEST

Facility/office/site: _____

Date: _____

Inspector: _____

1. Who started the generator(s)? _____

2. Date _____

3. When was it started? _____

4. How long was it was running? _____

5. When was it shut off? _____

6. Stop hours _____

7. Fuel consumption _____

8. Any suspected problems? Yes No If yes, explain: _____

9. Other information required by the periodic maintenance system recommended by the manufacturer.

10. Inspect:

- Oil pressure and line
- Operation of pump and fuel lines
- Water temperature
- Generator output
- Switching mechanism
- Leaks

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