



GENERATOR INSPECTION REPORT ANNUAL GENERATOR TEST AND CERTIFICATION

Name of Facility _____

Licensed As _____ Administrator _____
 (Boarding Home, Nursing Home, etc.)

Address _____ City _____ ZIP _____

Inspected By _____ Title _____

Inspecting Firm _____ Phone (____) _____

Address _____ City _____ ZIP _____

Generator Manufacturer _____ Engine Make _____

Fuel Type Gasoline Diesel LPG CNG Engine RPM _____

Rated KVA _____ Hour Meter _____

1. Starts on power failure Yes No Seconds to Start _____
2. Do transfer switches operate correctly? Yes No
3. Volts: Loaded _____ Unloaded _____
 HERTZ: Loaded _____ Unloaded _____
4. Amps: Phase A _____ Phase B _____ Phase C _____
5. Battery voltage while cranking _____
6. Generator "RUN" light on? Yes No N/A
7. Generator stops when power restored? Yes No _____ Time
8. Does primary and/or backup fuel come from on-site source and have a minimum two-hour fuel supply? Yes No
9. Amount of fuel: Primary supply _____ Backup supply _____
10. Does automatic transfer to on-site fuel supply work properly? Yes No
11. Coolant Level: Full Low Protected to _____ N/A



FIRE PROTECTION BUREAU – FIRE AND LIFE SAFETY INSPECTIONS

PO Box 42600
Olympia WA 98504-2600
(360) 596-3900 FAX: (360) 596-3934



12. Does all required fire and life safety equipment on the generator operate properly?

- A. [] Yes [] No Illumination of means of egress
B. [] Yes [] No Exit signs
C. [] Yes [] No Fire alarm and alerting systems
D. [] Yes [] No Communications systems, telephones, etc.
E. [] Yes [] No Large assembly rooms
F. [] Yes [] No Generator set locations
G. [] Yes [] No Elevator cab lighting and controls

13. Is any non-emergency equipment connected to the generator? [] Yes [] No

If yes, list: _____

14. Emergency circuit breaker panels and circuits clearly identified and labeled? [] Yes [] No

15. Does connected load exceed generator capacity? [] Yes [] No

16. Deficiencies found: _____

17. Corrections made: _____

18. Corrections made by: _____

This is to certify that this emergency generator system has been properly inspected for reliability, covering all items listed on this form.

(Signature of person conducting this inspection)

Date

(Signature of facility owner/representative)

Date

NOTICE!!

This form is to remain on the premises with the generator records. Do not send it to the State Fire Marshal.