



# NMSU FIRE DEPARTMENT EMERGENCY GENERATOR MONTHLY INSPECTION CHECKLIST



Generator Model: \_\_\_\_\_ Engine Model: \_\_\_\_\_ Date installed: \_\_\_\_\_

Standby kW nameplate rating: \_\_\_\_\_ 30% of standby rating = \_\_\_\_\_ Fuel type: \_\_\_\_\_ Normal operating temp: \_\_\_\_\_

Month	Test Date	Time Meter Reading		Transfer Switch		Battery Specific Gravity	Oil Pressure	Operating Temp.	Load kW	Comments
		Start	End	Inspection	Test					
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										

*This form is to be completed by the system inspection and testing contractor at the time of a system test. Attach additional sheets, data, or calculations as necessary to provide a complete record. Number of Supplemental Form(s) Attached: \_\_\_\_\_*