

WEEKLY GENERATOR VISUAL INSPECTION					Facility:	
Month & Yr:			Refer to Inspection Methods Sheet for instructions on performing checks			
Generator ID:			Gen KW:		Gen Amps:	
Generator Loc:			Gen Volt:			
			Week 1	Week 2	Week 3	Week 4
Date of Inspection:						
Who Performed:						
<u>VISUAL</u> <u>TEST</u>			ENTER RESULTS OF INSPECTIONS (OK=Satisfactory)			
GENERATOR ROOM						
Housekeeping	X					
Signs of Rodents	X					
Instruction Manuals	X					
Make-Up Air	X					
Intake Grill Filter	X					
FUEL-OIL SYSTEM						
Hose & Connectors	X					
Leaks	X					
Main Supply Tank Level	X		#	#	#	#
Day Tank Level (Record)	X		#	#	#	#
Day Tank Float Switch	X	X				
Transfer Pump Operation	X	X				
Air Filter	X	X				
Water in System	X					
LUBRICATION SYSTEM						
Oil Level (Record)	X		#	#	#	#
Leaks	X					
Oil or Block Heater	X	X				
COOLING SYSTEM						
Water Level (Record)	X		#	#	#	#
Fresh Air Thru Radiator	X					
Water Pump & Belts	X					
Hose & Connectors	X					
Leaks	X					
Jacket Water Heater	X					
EXHAUST SYSTEM						
Leakage	X					
Drain Condensate Trap	X					
BATTERY SYSTEM						
Battery Charger Sys	X					
Battery Charge Rate	X					
Terminal Corrosion	X					
Electrolyte Level	X					
ELECTRICAL SYSTEM						
General Inspection	X					
EPSS Sys Condition	X					
Service Rm/Housing	X					
Display Panel Lights/Meter	X	X				
Indicate Corrective measures taken for items not satisfactory						