

Facility Name: _____

WEEKLY GENERATOR TEST LOG

Year: _____

INSTRUCTIONS: Record facility name, year and date of each weekly test as it is performed. Record results in each box. Record "NA" if a specific area is not applicable and write comments as appropriate. Record tester's initials and name on reverse when new log initiated or when another employee performs the testing.

NOTE: If generator fails to meet 30% capacity load test, then perform 4 hour test.

Week	Date	Initials	General Condition	Belts/Hoses	Block Heater	Leaks	Battery	Battery Charger	Panels in Place	Meter Reading	Exhaust System	Fuel Level	Comments
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													

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WEEKLY GENERATOR TEST LOG

Year: _____

Week	Date	Initials	General Condition	Belts/Hoses	Block Heater	Leaks	Battery	Battery Charger	Panels in Place	Meter Reading	Exhaust System	Fuel Level	Comments		
28															
29															
30															
31															
32															
33															
34															
35															
36															
37															
38															
39															
40															
41															
42															
43															
44															
45															
46															
47															
48															
49															
50															
51															
52															
Initials	Printed Name			Initials	Printed Name			Initials	Printed Name			Initials	Printed Name		

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