

Facility Name: _____

EMERGENCY GENERATOR - MONTHLY TEST LOG

Year: _____

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

Month/Date	Time		Initials	Meter Reading		Transfer Switch		Fuel Level	Oil Pressure	Operating Temp	Water Temp	Oil Level	Coolant Level	Voltage			Amps		
	Start	Stop		Start	Stop	Inspection	Test							L1	L2	L3	L1	L2	L3
Jan.																			
Feb.																			
Mar.																			
Apr.																			
May																			
June																			
July																			
Aug.																			
Sept.																			
Oct.																			
Nov.																			
Dec.																			

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EMERGENCY GENERATOR - MONTHLY TEST LOG

Year: _____

Comments	
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

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Initials	Printed Name	Initials	Printed Name	Initials	Printed Name	Initials	Printed Name