

# MONTHLY EMERGENCY GENERATOR REPORT

All schools with emergency generators are to test weekly. Information should be completed on this form and forwarded to the **Maintenance Department** at the end of each month.

School \_\_\_\_\_

Month of \_\_\_\_\_

	Week 1	Week 2	Week 3	Week 4	Week 5
Hour of Meter Readings:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Propane Fuel Readings %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Operated Satisfactorily Y/N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oil Level: E 1/2 F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water Level OK Y/N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Battery Water OK Y/N	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Inspection:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Inspector's Signature \_\_\_\_\_

Comments:

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Principal's Signature \_\_\_\_\_

Date: \_\_\_\_\_

RETURN TO MAINTENANCE DEPARTMENT AT THE END OF EACH MONTH