



Monthly Inspection

(weekly in health care facilities)

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Generator Make: _____ Model: _____ Serial: _____

Consumables

- _____ Fuel level
- _____ Oil level
- _____ Coolant level
- _____ Leakage
- _____ Fuel transfer pump

Starter System

- _____ Electric starter
- _____ Air starter

Battery/Charger Equipment

- _____ Electrolyte fill level
- _____ Test electrolyte S.G.
- _____ Electrical connections
- _____ Battery cleanliness
- _____ Test charger
- _____ Charger electrical connections

Engine

- _____ Test heaters
- _____ Governor control
- _____ Fuel pump oil sump
- _____ Fan belts
- _____ Heater hoses/wires

Control Panel

- _____ Control panel covers
- _____ Test annunciator lamps

- _____ Control panel settings
- _____ Test remote signals
- _____ Air control louvers
- _____ Test emergency lighting unit(s)
- _____ Generator room temp above 10 C
- _____ Room cleanliness

Test Entire System

- _____ Simulate a power failure
- _____ Verify batt. charger current output increases while cranking
- _____ Operate all ATS's
- _____ Brush operation for sparking
- _____ Bearing seal leakage
- _____ Auxiliary equipment
- _____ Operate system for 60 minutes
- _____ Drain exhaust system

System Notes

- _____ Time On
- _____ Verify volts are normal
- _____ Verify amps are normal
- _____ Verify frequency is normal
- _____ Verify oil pressure is normal
- _____ Verify water itemp. is normal
- _____ Time Off
- _____ **Put system back in Auto**

Comments: _____

Signature: _____ Date: _____