Site Generator Weekly Inspection Checklist

Generator Make/Model: _____

Equipment ID: _____

Inspection Date: _____

Inspector Name: _____

Supervisor Name: _____

Generator Capacity: _____

No.	Inspection Item	Status	Remark
1	Engine System Item 1	OK / FAIL / NA	
2	Engine System Item 2	OK / FAIL / NA	
3	Engine System Item 3	OK / FAIL / NA	
4	Engine System Item 4	OK / FAIL / NA	
5	Engine System Item 5	OK / FAIL / NA	
6	Fuel System Item 1	OK / FAIL / NA	
7	Fuel System Item 2	OK / FAIL / NA	
8	Fuel System Item 3	OK / FAIL / NA	
9	Fuel System Item 4	OK / FAIL / NA	
10	Fuel System Item 5	OK / FAIL / NA	
11	Electrical System Item 1	OK / FAIL / NA	
12	Electrical System Item 2	OK / FAIL / NA	
13	Electrical System Item 3	OK / FAIL / NA	
14	Electrical System Item 4	OK / FAIL / NA	
15	Electrical System Item 5	OK / FAIL / NA	
16	Generator Unit Item 1	OK / FAIL / NA	
17	Generator Unit Item 2	OK / FAIL / NA	
18	Generator Unit Item 3	OK / FAIL / NA	
19	Generator Unit Item 4	OK / FAIL / NA	
20	Generator Unit Item 5	OK / FAIL / NA	

Inspector Signature: _____ Barcode: _____