



BELLINGHAM FIRE DEPARTMENT

Life Safety Division
1800 Broadway
Bellingham, WA 98225
360-676-6832

EMERGENCY POWER GENERATORS CONFIDENCE TEST REPORT

ADDRESS: _____

BUSINESS NAME: _____

INSPECTED BY: _____ DATE: _____

Generator Manufacturer: _____

Engine Brand: _____

RPM _____ KVA: _____ Hour Meter Reading: _____

GENERAL

- | | | | |
|--|---------|---------|--------|
| 1. Was test part of required sequence test? | N/A [] | Yes [] | No [] |
| 2. Maintenance record is posted. | | Yes [] | No [] |
| 3. Minimum two-hour fuel supply is intact. | | Yes [] | No [] |
| 4. Is only emergency equipment connected to the generator? | | Yes [] | No [] |
| 5. Who performs routine maintenance on generator and auxilliary equipment? _____ | | | |

TEST

- | | | |
|--|---------|--------|
| 1. Generator starts on power failure? | Yes [] | No [] |
| 2. Generator run light is on. | Yes [] | No [] |
| 3. Full Load: _____ Volts _____ Amps _____ Hertz _____ | | |
| 4. Transfer switches operate correctly. | Yes [] | No [] |
| 5. Does all required life safety and fire protection equipment operate on generator? | Yes [] | No [] |
| 6. Does generator handle connected load? | Yes [] | No [] |
| 7. Does generator shut off automatically when normal power is restored? | Yes [] | No [] |

GENERAL COMMENTS

Problems found: _____

Corrections made: _____

Date corrected: _____ By: _____

This is to certify that the emergency power generator system has been inspected and tested for reliability to cover the items in this report; is consistent with manufacturer's requirements; and all corrections have been made.

Signature of tester: _____

Agency: _____ Phone: _____

Copy Distribution:

White: Fire Department

Yellow: Premises

Pink: Inspector