



# A&S

ELECTRIC INC

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(718) 821-1211

## Generator Compliance Checklist

### Site And Generator Information

Site Code:

Site Grade: (Load Testing)  Green  Amber  Red

Address:
Date of Service:
Technician Name:
Generator Make:
Generator Model:
Generator Serial #:
Generator KW:
Engine Hours:
Fuel Type:
Voltage Rating:

### Location and Safety

Generator Location:  Indoors  Outdoors  Roof  Basement  Other: \_\_\_\_\_

Is the generator housed in a dedicated room with a 2-hour fire-resistance rating?  Yes  No

Is the generator room separate from the building's main electrical service?  Yes  No

Is the area around the generator clear of hazards and obstructions?  Yes  No

Are warning labels and emergency stop buttons clearly visible?  Yes  No

Is a fire extinguisher present near the generator?  Yes  No



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### Fuel Storage & FDNY Compliance

Type of fuel stored on-site:  Diesel  Gasoline  None

Approximate quantity of fuel stored: \_\_\_\_\_ gallons

Is there an FDNY permit for flammable/combustible liquids?  Yes  No  Unknown

Is there a Certificate of Fitness (C-92) holder on-site?  Yes  No  Unknown

For natural gas systems: Is there a dedicated gas cut-off valve installed?  Yes  No  N/A

### DEP Emissions & Registration

Generator size (kW): \_\_\_\_\_

Is the generator registered in the DEP Clean Air Tracking System (CATS)?  Yes  No  Unknown

Does the generator have a DEP Certificate to Operate?  Yes  No  Unknown

Is the generator Tier 4 compliant (EPA standard)?  Yes  No  Unknown

If not Tier 4, has a smoke or stack test (EPA Method 9 or 5) been performed?  Yes  No  Unknown

Are operational and maintenance records kept for at least 5 years?  Yes  No

### Operational Use

Is the generator used only for emergency purposes?  Yes  No

Estimated annual runtime (hours): \_\_\_\_\_

Is there on-site fuel sufficient for 6 hours of full-load operation?  Yes  No  N/A

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Post-Inspection check list

Inspection Item	(X)	Conclusions
Verify generator starts and runs under load	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check voltage and frequency output	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspect exhaust system	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Verify grounding and bonding	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check control panel functionality	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ensure all safety devices are operational	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Document any deficiencies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loadbank test performed (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ATS functionality verified (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Verify generator starts and runs under load	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check voltage and frequency output	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspect exhaust system	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Verify grounding and bonding	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Check control panel functionality	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ensure all safety devices are operational	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the fuel been stored over (1Yr)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Parts and Materials Used

Date of last generator service: \_\_\_\_\_

Has the generator undergone any of the following in the past year?

- Oil and filter change; If Yes: Date: \_\_\_\_\_
  - Fuel filter replacement; If Yes: Date: \_\_\_\_\_
  - Coolant flush; If Yes: Date: \_\_\_\_\_
  - Battery replacement; If Yes: Date: \_\_\_\_\_
  - Air filter replacement; If Yes: Date: \_\_\_\_\_
- 

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Post-Inspection check list

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

Technician: \_\_\_\_\_ Custodial Staff: \_\_\_\_\_

TEMPERATURE: \_\_\_\_\_ F HUMIDITY: \_\_\_\_\_ %

Generator Location:  Indoors  Outdoors  Roof  Basement  Other: \_\_\_\_\_

ATS Location:  Rooftop  Basement  Electrical Room  Other: \_\_\_\_\_

### Nameplate Data

GENERATOR MFR. \_\_\_\_\_ MODEL NO. \_\_\_\_\_ SN \_\_\_\_\_

KVA: \_\_\_\_\_ KW: \_\_\_\_\_ VOLTS: \_\_\_\_\_ AMPS: \_\_\_\_\_ PHASE: \_\_\_\_\_ CYCLES: \_\_\_\_\_

RPM \_\_\_\_\_

GENERATOR CONTROL MFR. \_\_\_\_\_ MODEL NO. \_\_\_\_\_ S/N \_\_\_\_\_

GOVERNOR MFR. \_\_\_\_\_ MODEL NO. \_\_\_\_\_ S/N \_\_\_\_\_

VOLTAGE REG.MFR. \_\_\_\_\_ MODEL NO. \_\_\_\_\_ S/N \_\_\_\_\_

### Fuel Monitoring Data

Volume: \_\_\_\_\_ GAL Ullage: \_\_\_\_\_ GAL 90% Ullage: \_\_\_\_\_ GAL TC Volume: \_\_\_\_\_ GAL

Height: \_\_\_\_\_ GAL Water: \_\_\_\_\_ GAL Water: \_\_\_\_\_ Inches Temp 'F: \_\_\_\_\_

Time: \_\_\_\_\_

<b>Comments:</b>	
<b>Deficiencies:</b>	

TEST READING INTERVALS	START									
REALTIME										
TARGET KILOWATT LOADING										
ENGINESPEED·R.P.M.										
FREQUENCY·HERTZ										
ENGINE WATER °F										
RADIATOR WATER TEMPERATURE °F										
ENGINE OIL TEMPERATURE °F										
ENGINE OIL PRESSURE·PSI										
PANEL METER VOLTAGE READING										
MEASURED VOLTAGE										
PANEL METER AMPERE READING										
IAEASURED AMPERES										
PANEL METER KILOWATT READING										
IAEASURED KILOWATT READING										
BATTERY VOLTAGE										
FUEL PRESSURE										

EQPT. INVENTORY NO. \_\_\_\_\_ TESTED BY: \_\_\_\_\_