



A&S

ELECTRIC INC

952 Flushing Ave Suite #3 Brooklyn NY 11206

office@aselectricnyc.com

www.aselectricnyc.com

(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



office@aselectricnyc.com
www.aselectricnyc.com



952 Flushing Ave Suite #3
Brooklyn, NY 11206



(718) 821-1211
(718) 821-1266



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: _____

Comments:	
Deficiencies:	

TEST READING INTERVALS	START										
REALTIME											
TARGET KILOWATT LOADING											
ENGINE SPEED-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											
MEASURED AMPERES											
PANEL METER KILOWATT READING											
MEASURED KILOWATT READING											
BATTERY VOLTAGE											
FUEL PRESSURE											

EQPT. INVENTORY NO. _____ TESTED BY: _____