

GENERATOR INFORMATION

(Answer all requested information)

Name of Facility: _____

Manufacturers
Name: _____

Model Number: _____

Serial Number: _____

KVA/KW: _____

Voltage: _____

Phase: _____

Type of Fuel: _____

**If natural gas, is there a
switch to change to Diesel
or Propane? _____

Fuel Capacity: _____

Running hours at
75% of capacity:
*(Running @ 75% capacity
runs longer hours than @
100% capacity)* _____

Running hours at
100% of capacity: _____

NOTE: Please complete this for EACH generator.