

GENERATOR ACCEPTANCE TEST FORM DOCUMENT

Section 1: Site Demographics

- Site Location/Name: _____
- Purchase Order: _____
- Date of Test: _____

Removed Asset

- Property of State of Nebraska Tag Number: _____
- Manufacturer: _____
- Model: _____
- Serial Number: _____

Installed Asset

- Property of State of Nebraska Tag Number: _____
- Manufacturer: _____
- Model: _____
- Serial Number: _____

Section 2: Pre-Start Inspection Checklist

Check all that apply. If "Fail," provide a remediation note.

Inspection Point	Pass	Fail	Notes/Comments
Coolant Level/Concentration	<input type="checkbox"/>	<input type="checkbox"/>	
Oil Level/Quality	<input type="checkbox"/>	<input type="checkbox"/>	
Fuel Level (100% Full)	<input type="checkbox"/>	<input type="checkbox"/>	
Battery Voltage (>12.6V)	<input type="checkbox"/>	<input type="checkbox"/>	
Belts & Hoses Tension/Wear	<input type="checkbox"/>	<input type="checkbox"/>	
Block Heater Functioning	<input type="checkbox"/>	<input type="checkbox"/>	
Battery Heater Functioning	<input type="checkbox"/>	<input type="checkbox"/>	
Remote Monitoring Functioning	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3: Load Test Data (60-Minute Run)

Time	Voltage (L-L)	Frequency (Hz)	Load (%)	Oil PSI	Water Temp
Start					
15 Min					
30 Min					
45 Min					
60 Min					

Section 4: Control System & Safety Verification

Verify the following safety parameters trigger correctly:

- Emergency Stop: Unit shuts down immediately when pushed.
 - Remote Start: Unit engages via ATS signal.
 - Fault Reset: Alarms clear properly on the control panel.
 - Automatic Mode: Controller left in "AUTO" position after test.
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Section 5: Final Sign-Off

Technician Certification:

I certify the above tests were performed according to manufacturer specifications.

- Signature: _____ Date: _____

Submit the completed **“Generator Acceptance Test Form Document”** to the Public Safety Communications Department manager.