### Inspection and Test Record
for Emergency Generators

**Client:**

**Subcontractor:**

**Project No.:**

**Subcontract P.O. No.:**

**Project Name:**

**Emergency generator No.:**

**Model/serial No.:**

### Additional Information:

**Vendor:**

**Reference Document:**

**P.O. No.:**

### Sequential Inspection List

<table>
<thead>
<tr>
<th>Sequence</th>
<th>Subcontractor</th>
<th>Company</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>inspected initials/date</td>
<td>Hold Point</td>
<td>inspected* initials/date</td>
<td></td>
</tr>
<tr>
<td>1.0</td>
<td>Nameplate date in accordance with drawings, specifications and requisitions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td>Location and orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>Access and fixing correct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.0</td>
<td>Check diesel, generator panels and enclosure for any visible signs of damage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.0</td>
<td>Measure insulation resistance prior to starting and record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.0</td>
<td>Check electrical panel labelling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.0</td>
<td>Check pilot lamp test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.0</td>
<td>All connections are tight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.0</td>
<td>Grounding connected and tight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.0</td>
<td>Check make and type of battery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.0</td>
<td>Check load circuit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.0</td>
<td>Make visual inspection during test run and record any unusual vibration and unusual noise in &quot;Remarks&quot; space</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**H** - Company's presence is mandatory for all activities in section.

**h** - Company's presence is mandatory.

### Accepted for Subcontractor

- **Name:**
- **Signature:**
- **Date:**

### Accepted for Company

- **Name:**
- **Signature:**
- **Date:**

### Accepted for Client

- **Name:**
- **Signature:**
- **Date:**

*Company only initials for holdpoint*
Client:  
Subcontractor:  

Project No.:  
Subcontract P.O. No.:  

Project Name:  
Emergency generator No.:  

Model/serial No.:  

Additional information:  
Vendor:  

Reference Document:  
P.O. No.:  

### Sequential inspection list

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14.0 All the starting systems, protections, alarms, functional tests to be checked (see manufacturer’s forms attached) when installation is completed with vendor and Company’s Supervisor

15.0 Check and record details:

**Alternator:**

- Make and type:  
- Output: KVA:  
- Voltage:  
- Frequency:  
- RPM:  
- Cos phi:  
- Winding connections:  

Attachment No. (vendor data sheet)

**H** - Company’s presence is mandatory for all activities in section.

**b** - Company’s presence is mandatory.

Acceptance:

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