



FIRE PROTECTION BUREAU – FIRE AND LIFE SAFETY INSPECTIONS

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MONTHLY GENERATOR TEST LOG

MONTH _____ YEAR _____

WEEK	1	2	3	4	5
*DURATION					

*30-minute building load test conducted monthly.

Date Last Serviced _____ Serviced by _____
(from previous sheet)

WEEK	1	2	3	4	5
Date of Test					
Engine Crank Case Oil (Note level and color)					
Engine Coolant (Note level)					
Battery Fluid Level (Add distilled water as needed)					
Fuel Level (Indicate fuel type)					
Test Voltage (Should be 208V)					
Hertz (Should be 60HZ)					
Run Time (Note total hours of operation)					
Tested by:					