

PREVENTIVE MAINTENANCE ON-SITE CHECKLIST

Customer Name _____

System Model _____ Serial No. _____

Hours (meter reading) _____ Next Inspection Date ____ / ____ / ____

Replace the Following Items:

- Engine Oil
 Oil Filter
 Spark Plugs
 Air Filter

Items Inspected/Tested	OK	Not OK	Other
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1. Electrical System -

General Information

- | | | | |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| A. Control & Power connections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Wire insulation condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Cabinets, panels & platform | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Generator

- | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|
| A. Voltage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Frequency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Wire Conditions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. General Condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Battery System

- | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|
| A. Battery Charger | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Terminals Tight & Clean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Battery Voltage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Engine

- | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| A. Mounting Bolts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Alternator Bolts to Engine Tight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Governor & Linkage Correct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Inspect For Oil Leaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Items Inspected/Tested	OK	Not OK	Other
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5. Lubrication System

- | | | | |
|-----------------------|--------------------------|--------------------------|--------------------------|
| A. Oil Level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Crankcase Breather | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Cooling System

- | | | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| A. Engine Cooling Air Obstruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Outside Cooling Air Obstruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Lubrication System

- | | | | |
|-------------------|--------------------------|--------------------------|--------------------------|
| A. Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Flexible Lines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Exhaust System

- | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| A. Muffler & Support System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Exhaust Obstruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Transfer Switch

- | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|
| A. Connections Light | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Relay Tight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Main Contacts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. Entire Systems

- | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| A. Inside Compartment Clean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Exercise Unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments _____

Repairs _____

Customer _____ **Signature** _____

Service Technician _____ **Signature** _____