Generator Monthly Checklist

School Name_____ **School Year_____**

Generator Make and Model_____

All concerns or areas under standard need to be communicated to maintenance and then a work order placed.

Date	Visual Battery Check	Fuel Level	Water Level	Oil Level	Run Time	Comments	W/O #	Performed by
Date	Visual Battery Check	Fuel Level	Water Level	Oil Level	Run Time	Comments	W/O #	Performed by
Date	Visual Battery Check	Fuel Level	Water Level	Oil Level	Run Time	Comments	W/O #	Performed by
Date	Visual Battery Check	Fuel Level	Water Level	Oil Level	Run Time	Comments	W/O #	Performed by
Date	Visual Battery Check	Fuel Level	Water Level	Oil Level	Run Time	Comments	W/O #	Performed by
Date	Visual Battery Check	Fuel Level	Water Level	Oil Level	Run Time	Comments	W/O #	Performed by
Date	Visual Battery Check	Fuel Level	Water Level	Oil Level	Run Time	Comments	W/O #	Performed by
Date	Visual Battery Check	Fuel Level	Water Level	Oil Level	Run Time	Comments	W/O #	Performed by
Date	Visual Battery Check	Fuel Level	Water Level	Oil Level	Run Time	Comments	W/O #	Performed by
Date	Visual Battery Check	Fuel Level	Water Level	Oil Level	Run Time	Comments	W/O #	Performed by
Date	Visual Battery Check	Fuel Level	Water Level	Oil Level	Run Time	Comments	W/O #	Performed by
Date	Visual Battery Check	Fuel Level	Water Level	Oil Level	Run Time	Comments	W/O #	Performed by

Comments:

District yearly maintenance review:

Date_____ Performed by_____

File to be kept in custodial office at the school