Emergency Generator Operations Log

Generator Information		
Building:	**Room Number / Location:**	
Make:	**Model #:**	**Fuel:** Natural Gas Diesel
Employee Name:	**Department / Shop:**	

Hours of Operations Log

Record all hours of operation. Hours must be restricted to less than 100 hours / year for emergency generators, per EPA regulation.

Date	Start Time	End Time	Hours	Reason for Operation *(Maintenance, Testing, Emergency Use)*