

# GENERATOR INFORMATION

(Answer all requested information)

Name of Facility : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Manufactures Name: \_\_\_\_\_

Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_

KVA / KW: \_\_\_\_\_

Voltage: \_\_\_\_\_

Phase: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

**\*\*If natural gas, is there a switch to change to Diesel or Propane? \_\_\_\_\_**

Fuel Capacity: \_\_\_\_\_

Running hours at 75% capacity: \_\_\_\_\_

**(Running at 75% capacity runs longer hours than at 100% capacity)**

Running hours of 100% capacity: \_\_\_\_\_

**Note: Please complete this for EACH generator.**