

Emergency Power Supply Inspection Form

General Information

Date of Inspection

Inspector Name

Location

Equipment ID

Inspection Checklist

Physical Condition

☐

Clean

☐

Dry

☐

Intact

Power Source Type

Battery/Generator Voltage

Fuel Level (if applicable)

Automatic Transfer Switch Operational?

Alarms/Warning Lights Present?

Control Panel Functional?

Tested on Load?

Notes/Comments

Inspector Signature

Signature

Date