



**City of Black Hawk
Fire Department**
196 Clear Creek Street | PO Box 68
Black Hawk, CO 80422-068
Office 303-582-0426 | Fax 303-582-2229
www.cityofblackhawk.org

System Test Report

EMERGENCY GENERATOR

Occupancy Information	
Occupancy Name:	Contact Name:
Occupancy Address:	Phone:
	Email:
Inspection & Testing Agency Information	
Name:	Phone:
Address:	Emergency Phone:
	Email:
Inspector/Tester Information	
Name:	Phone:
Signature:	

EMERGENCY GENERATOR SYSTEM

Date Tested:

The items in the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system(s). Refer to the current Fire Code and NFPA 2001 Standard, and the manufacturer's instructions for weekly, monthly, and quarterly requirements for inspection and testing. **System test results must be submitted to the Black Hawk Fire Department during annual inspection.**

Pre-Test Checks

A Temporary Fire Watch Permit (TFWP) is **required** when a system is taken offline. Only the owner/operator is authorized to request and receive a TFWP. Avoid unnecessary alarms by putting the Fire Alarm System in test mode. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.

1. If system is taken offline, Temporary Fire Watch Permit (TFWP) has been submitted and approved.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. The building occupants were notified.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
3. The onsite supervisory station was notified.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
4. The Central Station Monitoring Service was notified to place FAS in test mode.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
5. All signs, labels, and placards are in place and visible.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Load Test

	Amps	Volts	Hertz
Generator Load Rating			
Test Results (full load)			
	This generator supplies power for	Over Current Capacity (Amps)	
Required Emergency Equipment			
Legally required Equipment			
Optional loads			
6. The EG was operated for the annual test according to Fire Code Section 604, the manufacturer's recommendations, and NFPA 110 Section 8.4.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
7. All of the fire and life safety equipment requiring EG power was checked and operated properly.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
8. The test results indicate that this generator provides adequate power to support all loads connected to it and/or sheds the Optional loads (Emergency, Legally Required, Optional).	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Controls	
9. The EG starts on power failure.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. The EG run light operates on the controller panel.	
11. The EG transfer switches operate correctly. Including load shedding if so equipped.	
Maintenance	
12. The emergency generator (EG) maintenance record is posted.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. The EG has been exercised once a month according to Fire Code Section 604, the manufacturer's recommendations, and NFPA 110 Section 8.4.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fuel	
14. The EG has a fuel supply large enough to accommodate the longest minimum time required for the Emergency and/or Legally Required load while the generator is under full load.	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. The required annual ASTM approved fuel quality test is up-to-date.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Final Checks	
Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings). If the system was taken offline, the TFWP Log Sheet must be submitted to the City of Black Hawk Fire Department after the system is restored.	
16. The system was left in service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. A printed or electronic copy of the test report was provided to the owner/manager to maintain on the premises for a minimum of three (3) years.	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Temporary Fire Watch Permit Log Sheet submitted.	<input type="checkbox"/> YES <input type="checkbox"/> NO
By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action. I am authorized to submit this report for the certified technician who has accepted this statement.	
Printed Name of Technician:	Signature:
Printed Name of Building Representative:	Signature: