



ANNUAL EMERGENCY GENERATOR INSPECTION / TEST REPORT ELECTRICALLY SUPERVISED EMERGENCY GENERATOR

Fire Prevention Division
1701 Meridian Ave. 2nd Floor
Miami Beach, Florida | 33139

Attention: _____

Received By: _____

The emergency generators, including transfer switches located at the following address have been inspected and/or tested by the building maintenance engineer for proper operation as required by the adopted codes/standards at the time of installation and is OPERATIONAL as per NFPA 37.

Owner Name and Mailing Address	
Business Phone	

Address	
Type of Occupancy	

Person performing Inspection / Test	Certificate of Competency No.	
Name: _____		

Contractor / Company performing Inspection / Test	Telephone Number(s)	
Name: _____		
Address: _____		

NOTE: IF THE GENERATORS ARE OPERATIONAL: A log shall be maintained, and tag or sticker shall be placed on or at the EMERGENCY GENERATOR CONTROL PANEL showing the date and name of person performing the inspection and/or test .

Date of Inspection / Test: _____				Signature: _____
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Remarks: _____
