



City of Ocala Fleet Management Load Test Report

GENERATOR LOAD TESTING CLIENT : _____ DATE : _____

SITE NAME : _____ ADDRESS: _____

GENERAL SPECIFICATIONS			
MODEL		RATED VOLTAGE	
SERIAL NUMBER		PHASE	() 1 PH () 3 PH
RATED KVA		RATED FREQUENCY	

RUN HOURS STARTED :

RUN HOURS FINISHED :

TEST METHOD	_____ %	_____ %	_____ %	_____ %
AC (LINE – LINE) VOLTAGE	L1-L2 _____ L2-L3 _____ L3-L1 _____	L1-L2 _____ L2-L3 _____ L3-L1 _____	L1-L2 _____ L2-L3 _____ L3-L1 _____	L1-L2 _____ L2-L3 _____ L3-L1 _____
AC (LINE-NEUTRAL) VOLTAGE	L1-N _____ L2-N _____ L3-N _____	L1-N _____ L2-N _____ L3-N _____	L1-N _____ L2-N _____ L3-N _____	L1-N _____ L2-N _____ L3-N _____
AC AMPERES	L1 _____ L2 _____ L3 _____	L1 _____ L2 _____ L3 _____	L1 _____ L2 _____ L3 _____	L1 _____ L2 _____ L3 _____
BATTERY VOLTAGE				
FREQUENCY (HZ)				
ENGINE SPEED (RPM)				
COOLANT TEMP (°C)				
OIL PRESSURE (BAR / PSI)				
TEST DURATION	____ () HOURS ____ () MINUTES	____ () HOURS ____ () MINUTES	____ () HOURS ____ () MINUTES	____ () HOURS ____ () MINUTES

Noted By

Print Name	Signature	Date