

The University of Texas at Austin

Generators

Quarterly Inspection Report

- Instructions:**
1. Use one inspection form per tank or area.
 2. Send completed inspection report to EHS Environmental Programs at EHS-Environmentalops@austin.utexas.edu
 3. A “No” response indicates follow-up action is required.

Serial #/Building: _____ Inspection Date _____
 Responsible Department: _____ Inspector _____
 Contact Phone Number: _____ Signature *: _____

- | | YES | NO | N/A |
|----------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. There is NO evidence of leakage or spillage around the generator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The pipe connections show NO evidence of leakage or deterioration? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. There is NO debris piled up around the generator preventing easy access? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. There is NO graffiti on the generator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Secondary containment is free of liquids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Secondary containment valve is closed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Number of floor drains in generator area _____
(if present, note location) _____ | | | |

- OTHER**
- | | YES | NO | N/A |
|-----------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. There is a Spill Kit stocked and present? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. There have been NO changes to the generator capacity?
(i.e., removed or replaced) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS

Item #	Description of Follow-up Action Required	Date Completed

**By signing this form I certify that I have completed the inspection and the observations recorded are true and accurate to the best of my knowledge.*