



EMERGENCY GENERATOR CRITICAL FACILITY SITE SURVEY

CRITICAL FACILITY PRIORITY: LIFE SAVING LIFE SUSTAINING INFRASTRUCTURE

FACILITY USE / PURPOSE:					
NAME OF FACILITY:					
COUNTY :		SITE NUMBER:			
MUNICIPALITY:					
PRIMARY POC:		PHONE:			
ADDRESS:					
CITY:		STATE:	FL	ZIP:	
LATITUDE:		LONGITUDE:			
FACILITY POC:		PHONE:			
NAME OF POWER COMPANY:		FACILITY PEAK LOAD:			
UTILITY CONNECTION ABOVE OR BELOW GROUND:		TOTAL AMP DRAW:			
TRANSFORMER TYPE:		MAX VOLTAGE:			
SERVICE DROP TYPE:	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground	Transformer MOUNT TYPE:	<input type="checkbox"/> Pad <input type="checkbox"/> Pole		
GENERATOR PLACEMENT SITE OBSTRUCTIONS: (Gate, fence, plants etc.)		EMERGENCY GENERATOR CONNECTION POINT:			
GENERATOR KW RATING REQUIRED AT 75% LOAD:		SIDE OF FACILITY:			

DISTANCE FROM TRAILERED GENERATOR TO CONNECTION POINT:		METHOD OF CONNECTION TO FACILITY:	
LENGTH OF CABLE REQUIRED TO COMPLETE CONNECTION:		DOES FACILITY HAVE AN ATS OR MTS?	<input type="checkbox"/> ATS <input type="checkbox"/> MTS <input type="checkbox"/> NONE
ABILITY TO OFF-LOAD GENERATOR: TYPE EQUIPMENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO	STAFF AVAILABLE TO MAINTAIN GENERATOR:	
ON-SITE REFUELING CAPABILITY:		DATE OF SURVEY	BY
COMMENTS:			

SITE PLAN

