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:	☐ Overhead ☐ Underground	Transformer MOUNT TYPE:	☐ Pad ☐ 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:**			
LENGETH OF CABLE REQUIRED TO COMPLETE CONNECTION:		**DOES FACILITY HAVE AN ATS OR MTS?**	☐ ATS ☐ MTS ☐ NONE		
ABILITY TO OFF-LOAD GENERATOR: **TYPE EQUIPMENT:**	☐ YES ☐NO	**STAFF AVAILABLE TO MAINTAIN GENERATOR:**			
ON-SITE REFUELING CAPABILITY:		**DATE OF SURVEY**		**BY**	
COMMENTS:					

SITE PLAN