TOWN OF OCEAN CITY - OFFICE OF THE FIRE MARSHAL

P.O. Box 158 Ocean City, MD 21843
Phone # 410-289-8780 Fax # 410-289-8767

CERTIFICATE OF INSPECTION
Emergency Generator

☐ Annual Certificate of Inspection in Accordance with NFPA 110
☐ Non-Annual Certificate of Inspection in Accordance with NFPA 110

Deficiencies: ☐YES ☐NO

Protected Property:

Building Name:_____ Exact Physical Address:_____

Contact Person:_____ Bill To:_____

Contact Phone #:_____ Billing Information:_____

Emergency Generator Testing Company:

Inspector/Technician:_____ Company:_____

Phone Number:_____ Address:_____

Date System Tested:_____ _____

Emergency Generator Owner's Notification:

The owner and/or the owner's representative of the system was notified on _____ of all deficiencies?

PRIOR TO TESTING, OCEAN CITY COMMUNICATIONS SHALL BE NOTIFIED!
PHONE # 410-723-6620
(Failure to do so will result in the full provisions of the Town of Ocean City Fire Prevention and Protection Code to be invoked.)

Dispatcher Name/Number:_____ Time:_____

Deficiencies Identified During Inspection:

- ☐ Generator Out of Service
- ☐ Flexible Hose & Connection In Bad Condition
- ☐ Inadequate Fresh Air Through Radiator
- ☐ Exhaust System Has Leaks
- ☐ Exhaust System Supports Are Bad
- ☐ Problems With Battery System
- ☐ Main Fuel Tank Level Is Low
- ☐ Tank Vent or Overflow Obstructed
- ☐ Problems With Electrical System
- ☐ Safety Alarms Failed To Activate
- ☐ EPS Did Not Meet 80% Of Name Plate
- ☐ Other: List Below

Comments / Deficiency Description: (Attach an "Additional Information Form" if more room is needed.)

_____
_____
_____
_____
_____
_____
_____
_____
_____

FOR INTERNAL USE ONLY:

Data Entry Date:_____ FM Assigned:_____ Date FM Assigned:_____ Date Inspected/Contacted:_____

❒ No Deficiencies Found ❒ Deficiencies Verified

QV #:_____ Date of Violation:_____ Date of Compliance:_____

****THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS FROM THE DATE OF INSPECTION TO THE OCEAN CITY FIRE MARSHALS OFFICE. ****

Rev. 10/7/2008