

GENERATOR REQUEST FORM

DATE: _____ TYPE OF EVENT: _____

HEALTH CENTER: _____

PRIMARY CONTACT PERSON:

NAME & TITLE: _____

CELL PHONE: _____ EMAIL: _____

SECONDARY CONTACT PERSON:

NAME & TITLE: _____

CELL PHONE: _____ EMAIL: _____

REQUESTING SITE ADDRESS: _____

INTENDED USE (PLEASE DESCRIBE EQUIPMENT TO BE POWERED):

- DO YOU HAVE ACCESS TO FUEL FOR THE GENERATOR? YES NO
- HAVE YOU IDENTIFIED THE LOCATION THE GENERATOR WILL BE OPERATED CONSIDERING SAFETY AND SECURITY REQUIREMENTS? YES NO
- DO YOU NEED/HAVE EXTENSION CORDS? YES NO
- ARE YOU ABLE TO PICK UP AND DROP OFF THE GENERATOR AT A HOST SITE? YES NO

ON BEHALF OF _____ (HEALTH CENTER NAME), I HEREBY AGREE TO MAINTAIN AND OPERATE THE REQUESTED GENERATOR ACCORDING TO ALL MANUFACTURER INSTRUCTIONS AND SAFETY GUIDELINES. FURTHERMORE, I WILL NOTIFY FACHC OF THE GENERATORS' LOCATION, STATUS, AND ANY ISSUES AS SOON AS POSSIBLE.

SIGNED: _____

PRINT NAME & TITLE: _____