



# Emergency Power System - ICU Checklist

## System Activation & Transfer

Verification of automatic and manual transfer to emergency power.

**Time of Emergency Power System Activation**

**Activation Method**

☐ Automatic Transfer

☐ Manual Transfer

**Transfer Time (seconds)**

Enter a number...

**Transfer Success?**

☐ Yes

☐ No

**Notes on Transfer Process (if any issues)**

Write something...

### Synchronization Status

- ☐ Synchronized
- ☐ Not Synchronized

### Voltage Level (Emergency Power)

Enter a number...

## Generator Performance

Assessment of generator operation during test run, including load acceptance and stability.

### Generator Voltage (Volts)

Enter a number...

### Generator Frequency (Hz)

Enter a number...

### Load Acceptance Time (Seconds)

Enter a number...

### Generator Speed (RPM)

Enter a number...

### Engine Oil Pressure (PSI)

- ☐ Normal
- ☐ Low
- ☐ High

### Coolant Temperature (Degrees F)

- ☐ Normal
- ☐ High
- ☐ Low

### Observations & Anomalies

Write something...

### Time of Load Acceptance

## Critical Equipment Verification

Confirmation that essential ICU equipment remains operational during and after transfer.

### Ventilator Status

- ☐ Operational
- ☐ Not Operational
- ☐ Partial Functionality

### ECG Monitor Battery Level (%)

Enter a number...

### Infusion Pump Status

- ☐ Operational
- ☐ Not Operational
- ☐ Partial Functionality

### Patient Monitoring System (PMS) Status

- ☐ Operational
- ☐ Not Operational
- ☐ Partial Functionality

### Oxygen Concentrator Output (LPM)

Enter a number...

### Medical Air Pressure

- ☐ Within Range
- ☐ Low
- ☐ Out of Range

### Any observed abnormalities or issues with critical equipment

Write something...

## Lighting & HVAC

Verification of adequate emergency lighting and heating/cooling in the ICU.

### Emergency Lighting Status

- ☐ Functional
- ☐ Dim/Weak
- ☐ Non-Functional

### Emergency Lighting Lumens (average)

Enter a number...

### HVAC System Status

- ☐ Functional
- ☐ Partial Functionality
- ☐ Non-Functional

### Room Temperature (°C) - measured

Enter a number...

### Room Temperature (°F) - measured

Enter a number...

### HVAC Airflow (observed)

- ☐ Adequate
- ☐ Reduced
- ☐ Insufficient

### Comments/Observations regarding Lighting and HVAC

Write something...

## Fuel Supply & Monitoring

Confirmation of sufficient fuel levels and proper monitoring systems.

### Initial Fuel Level (Gallons/Liters)

Enter a number...

### Fuel Consumption During Test (Gallons/Liters)

Enter a number...

### Remaining Fuel Level (Gallons/Liters)

Enter a number...

### Fuel Type Verified?

- ☐ Correct Fuel Type
- ☐ Incorrect Fuel Type - Investigate

### Fuel Gauge Functionality

- ☐ Operational
- ☐ Malfunctioning - Investigate

### Last Fuel Delivery Date

Enter date...

### Notes on Fuel Condition (e.g., cleanliness, odor)

Write something...

## System Shutdown & Return to Utility Power

Procedure for safely returning to normal utility power and system shutdown.

### Time Utility Power Restored

### Voltage Level (Utility Power)

Enter a number...

### Transfer Method to Utility Power

☐ Automatic

☐ Manual

☐ Both

### Observations During Return to Utility Power (e.g., voltage fluctuations, equipment behavior)

Write something...

### System Stability Upon Return

- ☐ Stable
- ☐ Minor Fluctuations
- ☐ Significant Fluctuations
- ☐ Unstable

### Date of Return to Utility Power

Enter date...

**Any deviations from standard procedure during return to utility power? If so, describe.**

Write something...

### Engineer Signature Verifying Return to Utility Power

## Post-Test Documentation & Reporting

Recording of test results, anomalies, and corrective actions.

### Date of Test

Enter date...

### Start Time of Test



### End Time of Test

### Generator Load Acceptance (kW)

Enter a number...

### Transfer Time (Seconds)

Enter a number...

### Transfer Success?

☐ Yes

☐ No

### Observations & Deviations

Write something...

### Equipment Functionality Verified (Select All That Apply)

☐ Ventilators

☐ Patient Monitors

☐ Infusion Pumps

☐ ECG Machines

☐ Lighting

☐ HVAC

**Generator Data Log**

 Upload File

**Technician Signature**