

## 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  |  |
|   |  |
| enerator Performance  |  |
|   |  |
| sessment of generator operation during test run, including load acceptance and ability. |  |
|   |  |
| 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   |
| Litter 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  |  |
|   |  |

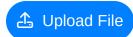
| Comments/Observations regarding Lighting and HVAC                     |  |
|---|--|
| Write something   |  |
|   |  |
| Fuel Supply & Monitoring  |  |
| Confirmation of sufficient fuel levels and proper monitoring systems. |  |
| Initial Fuel Level (Gallons/Liters)                                   |  |
| 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  Malformation in the continue to                          |  |
| Malfunctioning - Investigate  |  |
|   |  |

| Enter date   |  |
|--|--|
| Notes on Fuel Condi  | tion (e.g., cleanliness, odor)                       |
| Write something  |  |
|  |  |
|  |  |
| ystem Shutd  | lown & Return to Utility Power                       |
| ocedure for safely retu  | rning to normal utility power and system shutdown.   |
| Time Utility Power R   | estored  |
| -  |  |
| Voltage Level (Utility   | Power)   |
|  |  |
| Enter a number   |  |
| Enter a number   |  |
|  | Itility Power  |
| Enter a number  Transfer Method to U                           | Jtility Power  |
| Transfer Method to U   | Jtility Power  |
| Transfer Method to U   | Jtility Power  |
| Transfer Method to U Automatic Manual                          | Jtility Power  |
| Transfer Method to U Automatic Manual Both                     | Return to Utility Power (e.g., voltage fluctuations, |
| Transfer Method to U Automatic Manual Both Observations During | Return to Utility Power (e.g., voltage fluctuations, |

| 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 ecording 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**



**Technician Signature**