

Generator Discharge Form

Full Name & Position: Click or tap here to enter text.

Date of questionnaire completion: Click or tap to enter a date.

1. System Overview

System Installation Date: Click or tap here to enter text.

Application (General Description): Click or tap here to enter text.

2. Discharge Information

Site Details & Address: Click or tap here to enter text.

Approximate Date of Discharge: Click or tap to enter a date.

Discharge Type: Accidental ☐ Intended/Controlled ☐

Details of Discharge: Click or tap here to enter text.

3. Generator Details

Number of Generators to be replaced: Click or tap here to enter text.

Generator Model(s): Click or tap here to enter text.

4. Performance & Impact

Issues observed during discharge? Yes ☐ No ☐

If yes, details: Click or tap here to enter text.

Damage to assets or equipment? Yes ☐ No ☐

If yes, details: Click or tap here to enter text.

Please send your completed questionnaire back to us, along with any images or supporting documents.

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