

**OKLAHOMA EMERGENCY MANAGEMENT
NATIONAL GUARD EMERGENCY POWER GENERATOR REQUEST FORM**

DATE OF REQUEST: ___ / ___ / ___ TIME RECEIVED: _____

RECEIVED BY: _____

REQUESTOR: _____

REQUESTOR'S CONTACT INFORMATION: _____

LOCATION GENERATOR NEEDED: _____

CITY: _____

TYPE OF GENERATOR NEEDED: FIXED ___ SKID MOUNTED ___ TRUCK MOUNTED ___

TRAILER MOUNTED ___ PORTABLE ___

IF FIXED, BASE SUPPORT: CONCRETE FLOOR/PAD ___ SKIDS ___ SPRINGS ___

PHYSICAL SIZE: _____ ft, by _____ ft, by _____ ft

PHYSICAL WEIGHT: _____ Pounds _____ Tons

WILL GENERATOR BE: INDOORS ___ OUTDOORS ___

IF OUTDOORS: WILL WEATHERPROOF HOUSING BE NEEDED? YES ___ NO ___

IF INDOORS: IS PROPER EXHAUST VENTING: AVAILABLE ___ NEEDED ___

FUEL TYPE: DIESEL ___ GASOLINE ___ PROPANE ___

FUEL TANK CAPACITY: _____ GALLONS _____ POUNDS

FUEL TANK ATTACHED TO GENERATOR? YES ___ NO ___

SIZE NEEDED: KILOWATT RATING _____ POWER RATING _____

VOLTAGE: 120/440 ___ 120/208 ___ 277/480 ___ Other _____

FREQUENCY (Cycles per Second): 60 ___ Other _____

PHASE: SINGLE ___ THREE WYE ___ THREE DELTA ___

“Attachment Eight” (1)

STARTING CAPABILITY: MANUAL/RECOIL _____ AUTOMATIC _____ OTHER _____

INTERFACE/TRANSFER SWITCH: MANUAL _____ AUTOMATIC _____

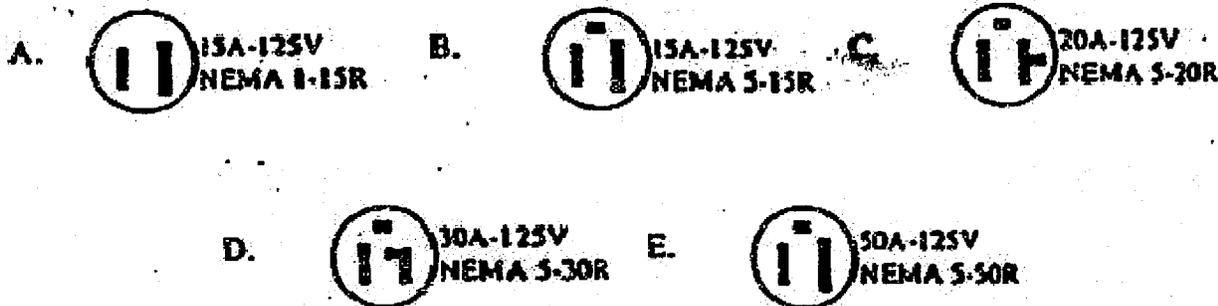
AMPERAGE CAPACITY: _____

LOCATION: _____

CONNECTOR CABLE: SIZE _____ LENGTH _____

IS A CONNECTOR CABLE AVAILABLE? YES _____ NO _____

RECEPTACLE TYPE:



IS LICENSED ELECTRICIAN AVAILABLE TO INSTALL? YES _____ NO _____

IS A MAINTENANCE PERSON/OPERATOR AVAILABLE? YES _____ NO _____
(Note: someone has to check and maintain equipment daily)

OTHER INFORMATION/PROBLEMS (ease of entry, location within facility, etc.)
