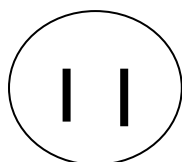


APPENDIX 2 TO ANNEX L EMERGENCY GENERATOR FORMS

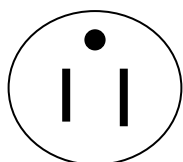
The following forms may be used if the procurement of emergency generators is necessary. These forms should be filled out collaboratively by personnel in the Administrative Section of the Pleasants County Emergency Operations Center (EOC) and representatives needing the generator. EOC staff should provide said forms (via email or fax) to prospective resource providers to ensure that generators appropriate for the need are procured and deployed.

**EMERGENCY GENERATOR INFORMATION
(Existing Installation)**

1	Facility Name:
2	Facility Address:
3	Facility Type: <input type="checkbox"/> EOC <input type="checkbox"/> Communications Ctr <input type="checkbox"/> Medical Facility <input type="checkbox"/> Fuel Facility <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire/Rescue Facility <input type="checkbox"/> EMS Facility <input type="checkbox"/> Water Pumping /Treatment <input type="checkbox"/> Wastewater Pumping/Treatment <input type="checkbox"/> Other (specify)
4	Facility Point of Contact: _____ Phone: _____
5	If more than one generator exists, provide generator number or location within facility:
6	Electrical Requirements; Kilowatts: _____ Volts: _____ Amperes: Phase: <input type="checkbox"/> Single <input type="checkbox"/> 3-Phase Wye <input type="checkbox"/> 3-Phase Delta <input type="checkbox"/> Other:
7	Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other:
8	Fuel Tank Size: Gallons: _____ Pounds: _____
9	Fuel Tank Type: <input type="checkbox"/> Attached to generator <input type="checkbox"/> Separate tank
10	Generator Weight: <input type="checkbox"/> Pounds: _____ <input type="checkbox"/> Tons: _____
11	Starting: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual/Recoil <input type="checkbox"/> Other:
12	Generator Support: <input type="checkbox"/> Pad/Permanent Installation <input type="checkbox"/> Skid <input type="checkbox"/> Trailer
13	Generator in Weather Housing: <input type="checkbox"/> Yes <input type="checkbox"/> No
14	Electrician On-site or Available: <input type="checkbox"/> Yes <input type="checkbox"/> No
15	Is Generator Hard Wired to Electrical System? <input type="checkbox"/> Yes <input type="checkbox"/> No
16	Generator Receptacles Required (indicate numbers and types; see illustrations below):
17	Other Pertinent Information:



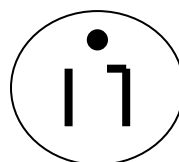
15A-125V
NEMA 1-15R



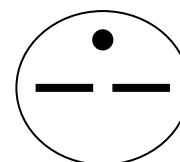
15A-125V
NEMA 5-15R



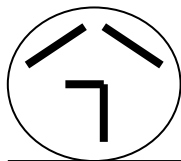
20A-125V
NEMA 5-20R



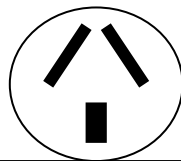
30A-125V
NEMA 5-30R



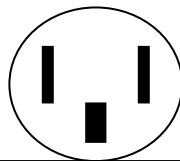
30A-250V
NEMA 6-30R



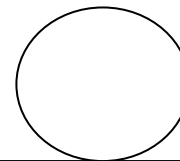
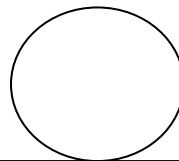
30A-125/250V
NEMA 5-30R



50A-125/250V
NEMA 10-50R



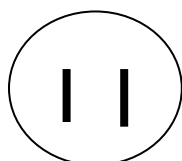
50A-250V
NEMA 6-50R



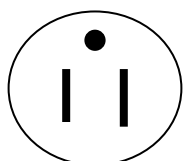
If illustrations don't match what you have, draw your receptacles here.

**EMERGENCY GENERATOR INFORMATION
(Additional Equipment)**

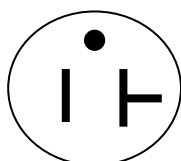
1	Facility Name:
2	Facility Address:
3	Facility Type: <input type="checkbox"/> EOC <input type="checkbox"/> Communications Ctr <input type="checkbox"/> Medical Facility <input type="checkbox"/> Fuel Facility <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire/Rescue Facility <input type="checkbox"/> EMS Facility <input type="checkbox"/> Water Pumping /Treatment <input type="checkbox"/> Wastewater Pumping/Treatment <input type="checkbox"/> Other (specify)
4	Facility Point of Contact: _____ Phone: _____
5	Electrical Requirements: Kilowatts: _____ Volts: _____ Amperes: _____ Phase: <input type="checkbox"/> Single <input type="checkbox"/> 3-Phase Wye <input type="checkbox"/> 3-Phase Delta <input type="checkbox"/> Other:
6	Fuel Available: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other:
7	Site Access: Site accessible for emplacing trailer-mounted unit? <input type="checkbox"/> Yes <input type="checkbox"/> No Site accessible for unloading/positioning skid-mounted unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
14	Electrician On-site or Available: <input type="checkbox"/> Yes <input type="checkbox"/> No
16	Generator Receptacles Needed (indicate numbers and types; see illustrations below):
17	Other Pertinent Information:



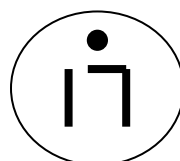
15A-125V
NEMA 1-15R



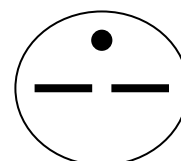
15A-125V
NEMA 5-15R



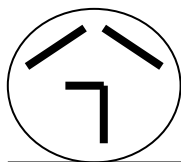
20A-125V
NEMA 5-20R



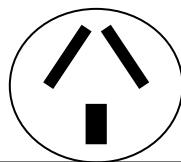
30A-125V
NEMA 5-30R



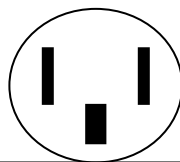
30A-250V
NEMA 6-30R



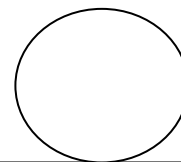
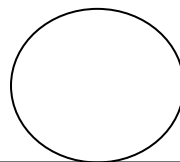
30A-125/250V
NEMA 5-30R



50A-125/250V
NEMA 10-50R



50A-250V
NEMA 6-50R



If graphics don't match what you need,
draw additional graphics here.