



HST # 104718614RT0001

# Service Report

Order No: SV-MP-7671

Service Date: 05/12/2025

**Site Address:**

C65200 Memorial Univ of NFLD (Fac Mgmt)

Location: UA-1004  
Area Served: Health Science/Janeway  
St. John's NL  
Canada

**Equipment:**

Model #: GENSET NO LONGER ACTIVE: Location: UA-GEN-04 - 800DS4 - SER# 632689

Spec/Work #:

Title	Assigned To	
SV-MP-7671 / PM1 Maintenance	Mitchell Russell	Service Call

**Concern:**

Agreement # TFM-024-21

PM1

TAG: UA-GEN-04

WO #: FM- 42415988

**Cause:**

semi

**Correction:**

Performed PM1 inspection on generator.

**Follow Up and other comments:**

Air filters should be changed. (Part Number: GM28399) 2 filters on unit. Rad cap needs to be replaced, gasket missing and leaking coolant. Trees needs be trimmed above unit, fire hazard touching exhaust.

UNIT HOURS 889.0

(Head Office)  
100 Upham Drive  
Truro, NS B2N 6W8  
902-895-2885

420 Wilsey Rd  
Fredericton, NB E3B 6E9  
506-444-0344

38 Dundee Ave  
Mount Pearl, NL A1N 4R7  
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13A Gatehouse Road  
Deer Lake, NL A8A 1L4  
709-635-3558

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Job Hazard Assessment					
Task:	semi				
Most Likely Hazard:	Slips trips				
PPE Required for Task:					
Tools/Chemicals/Equipment Required for Task:					
SDS available and reviewed	<input type="checkbox"/>				
Perform site walk-around before unloading any tools. Wear proper PPE for site entry.					
Muster point	fence	Eye Wash Station location	ruck		
Fire Extinguisher location	truck	Current Weather			
First Aid kit location	truckt	Emergency contact			
Are you working alone	<input type="checkbox"/>	Hole coverings identified	<input type="checkbox"/>	Tie off points identified	<input type="checkbox"/>
Safe job procedure reviewed	<input type="checkbox"/>	Lock Out Tag Out required	<input type="checkbox"/>	Barricade and Signs req.	<input type="checkbox"/>
Waste containers needed	<input type="checkbox"/>				
Click off the hazards that apply to this job, and the plans to eliminate or control them.					
Site Hazards					
Confined Space (Do not proceed)	<input type="checkbox"/>	Vehicle Traffic / Fork lift	<input type="checkbox"/>	Debris (Poor Housekeeping)	<input type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	Slips, Trips, Falls	<input checked="" type="checkbox"/>	Noise in area	<input type="checkbox"/>
Inadequate Lighting	<input type="checkbox"/>	Items falling from height	<input type="checkbox"/>	Dust / Mist / Fume	<input type="checkbox"/>
Other workers in the area	<input type="checkbox"/>	Have they been notified of your presence and task to perform?	<input type="checkbox"/>	Have you reviewed hazards?	<input type="checkbox"/>
Plans to eliminate or control hazards					
housekeeping					
Task Hazards					
Working on/near energized equipment	<input type="checkbox"/>	Dehydration	<input type="checkbox"/>	Heavy Loads/Lifting	<input type="checkbox"/>
Electrical Shock	<input type="checkbox"/>	Chemical / Thermal Burn	<input type="checkbox"/>	Hoisting or moving loads overhead	<input type="checkbox"/>
Pinch points	<input checked="" type="checkbox"/>	Fire	<input type="checkbox"/>	Overhead Work	<input type="checkbox"/>
Rotating/Moving Equipment	<input type="checkbox"/>	Hot Work/Welding/Grinding/Cutting	<input type="checkbox"/>	Awkward body position	<input checked="" type="checkbox"/>
Foreign objects in eyes	<input type="checkbox"/>	Cuts, Sharp edges	<input type="checkbox"/>		
Elevated Work	<input type="checkbox"/>	Spill potential	<input type="checkbox"/>		
Plans to eliminate or control hazards					
Proper ppe, micro brakes					
Unload and inspect tools					
Tools inspected	<input type="checkbox"/>	Electrical tool(s) in good condition	<input type="checkbox"/>		
Equipment inspected	<input type="checkbox"/>	Electrical cord(s) in good condition	<input type="checkbox"/>		
Harness / Lanyard inspected	<input type="checkbox"/>	Slings inspected	<input type="checkbox"/>		
Other Hazard Notes / Changes in Hazards					

# Semi Annual CSA282

**Table 2 - Weekly inspection, test, and maintenance requirements**

<b>Consumables</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Applicable</b>	<b>See Notes Above</b>
a) Inspect auxiliary supply tank fuel level (pressure) and main tank level (pressure) if applicable. There should be a minimum supply of 2 hours run time at 100% load	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Inspect lubricating oil level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Inspect engine coolant level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Inspect engine, generator, fuel tank(s), and cooling systems for leakage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Inspect for proper operation of fuel transfer pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Inspect fuel filter for contamination if filter is equipped with a transparent bowl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Starter System</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Applicable</b>	<b>See Notes Above</b>
a) Inspect starter for cleanliness, mounting, and terminal security	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Batteries and Charging Equipment</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Applicable</b>	<b>See Notes Above</b>
a) Inspect all battery cells for correct electrolyte fill level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Test all battery cells for correct electrolyte specific gravity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Inspect electrical connections for tightness and evidence of corrosion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Inspect battery for cleanliness and dryness between terminals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Inspect charger electrical connections for cleanliness and tightness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Engine</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Applicable</b>	<b>See Notes Above</b>
a) Test lubricant and / or coolant heaters for proper operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Inspect governor control linkages and oil level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) Inspect fuel pump oil sump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d) Inspect fan belts for correct tension and wear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Control Panel</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Applicable</b>	<b>See Notes Above</b>
a) Inspect control panel covers for security	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Test annunciator lamps to confirm that they are operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Inspect control panel settings (ensure the unit is ready for automatic startup)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Test trouble signals (visual/audible) at the building fire alarm panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Louvres</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Applicable</b>	<b>See Notes Above</b>
a) Inspect air control louvre settings to ensure proper operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Emergency Lighting Units</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Applicable</b>	<b>See Notes Above</b>
a) Test emergency lighting unit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Room Temperature	Satisfactory	Unsatisfactory	Not Applicable	See Notes Above
a) Verify room temperature is above 10 degrees Celsius	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect Room(s) for Cleanliness	Satisfactory	Unsatisfactory	Not Applicable	See Notes Above
a) Inspect generator and transfer switch room(s) for overall cleanliness and accessibility to all components of the emergency system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Table 3 - Monthly (weekly in health care facilities) inspection, test, and maintenance requirements**

Test and Verify the Entire System	Satisfactory	Unsatisfactory	Not Applicable	See Notes Above
Simulate a failure of the normal electrical supply to the building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Verify increasing current output from battery charger while cranking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operate the system under at least 30% of the rated load for 60 mins	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Operate all automatic transfer switches under load	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inspect brush operation for sparking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect for bearing seal leakage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect for correct operation of all auxiliary equipment, for example: radiator shutter control, coolant pumps, fuel transfer pumps, oil coolers, and engine room ventilation controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record the readings for all instruments in the CSA282 logbook and verify that they are normal or within range of previous readings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drain the exhaust system condensate tap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect block heater hoses and wires	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect all electrical components to ensure proper function	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Table 4 - Semi-annual inspection, test, and maintenance requirements**

Additional Inspection / Testing / Cleaning	Satisfactory	Unsatisfactory	Not Applicable	See Notes Above
Inspect and clean engine crankcase breathers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect and clean all engine linkages	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lubricate the engine governor and ventilation system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test protective devices for proper operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Low Engine Oil Pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Low Engine Coolant Temp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- High Engine Coolant Temp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Over Crank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Over Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Before startup, perform two full cranking cycles. Near the end of each cycle, and while still cranking, measure and record the lowest indicated battery voltage. If the measured voltage is less than 80% of the battery's rated voltage, replace the battery. Alternatively, perform a battery load test using a suitable load tester.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Inspect ventilation system belts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recording of Data</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>	<b>Not Applicable</b>	<b>See Notes Above</b>
Record all inspections, tests, and corrective actions in the CSA282 logbook	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Complete Parameter Download	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

