

# OFFICIAL LOAD TEST REPORT



CUSTOMER	JOB NUMBER
ADDRESS	DATE
PM CONTRACT	TECHNICIAN
MODEL #	CUSTOMER SIGNATURE
SERIAL #	REQUESTED TEST TIME
KW RATING	ACTUAL TEST TIME

NUMBER OF CABLES REQUIRED \_\_\_\_\_ LENGTH OF CABLES \_\_\_\_\_

LINE	TIME	VOLTS			AMPS			P.F.	KW	FREQ	PRESSURE		COOLANT	AVG. AMB.	EXH. TEMP	REMARKS
		01-02	02-03	01-03	01	02	03	%		HZ	OIL	FUEL	TEMP	∞F		
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																

NOTES: