

Engine Information Worksheet

1. Short Description/Location of Installation	
2. Installation/Order Date (Commence Construction Date)	
3. Startup Date (if applicable)	
4. Make/Model No.	
5. Serial No. (if applicable)	
6. Manufacture Date/Model Year	
7. Fuel (check all that apply)	<input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other: _____
8. Engine Type (check all that apply)	<input type="checkbox"/> Compression Ignition (CI) <input type="checkbox"/> Spark Ignition (SI) If SI, check one: <input type="checkbox"/> 2SLB <input type="checkbox"/> 4SLB <input type="checkbox"/> 4SRB
9. Engine Power Rating (HP or kW)	
10. Number of Cylinders	
11. Engine Displacement (liters)	
12. Will the engine be classified as emergency?	<input type="checkbox"/> Y/ <input type="checkbox"/> N If yes, is engine a fire pump? <input type="checkbox"/> Y/ <input type="checkbox"/> N
13. Will the engine be certified?	<input type="checkbox"/> Y/ <input type="checkbox"/> N If yes & CI, specify EPA Tier _____ and attach Certificate
14. Will the engine have control equipment? (check all that apply)	<input type="checkbox"/> Diesel Particulate Filter <input type="checkbox"/> Oxidation Catalyst <input type="checkbox"/> Selective Catalytic Reduction
15. Will the engine have a load share agreement with a local utility?	<input type="checkbox"/> Y/ <input type="checkbox"/> N
16. Applicable Rules (check all that apply)	<input type="checkbox"/> 40 CFR 60 Subpart IIII <input type="checkbox"/> 40 CFR 60 Subpart JJJJ <input type="checkbox"/> 40 CFR 63 Subpart ZZZZ

