

# GovDeals Heavy Equipment Inspection Form

|  |                                  |                          |
|--|----------------------------------|--------------------------|
| Inventory ID: <u>DOZER03</u>   | Asset Number: <u>DOZER03</u>     | Fair Market Value: _____ |
| Short Description: _____   |                                  |                          |
| Year: <u>2015</u>  | Manufacturer: <u>Caterpillar</u> | Model: <u>D4K2LGP</u>    |
| Long Description: Equipment Serial # <u>OKRR00610</u>  |                                  |                          |
| This Equipment: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Is Operable <input type="checkbox"/> Is not operable <input type="checkbox"/> For Parts Only                      |                                  |                          |
| Engine: <u>C44 ACERT</u> Gas <input checked="" type="checkbox"/> Diesel engine Engine: <u>8</u> Hours <u>10469</u> Miles _____   |                                  |                          |
| This vehicle was maintained every <u>500</u> Hours   |                                  |                          |
| Engine Manufacture: <u>CAT</u> Condition: <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition  |                                  |                          |
| Engine Repairs needed: _____   |                                  |                          |
| Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed Transmission: <input type="checkbox"/> Hours _____ Miles _____  |                                  |                          |
| Transmission Manufacture: _____ Condition: <input type="checkbox"/> Is Operable <input checked="" type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown   |                                  |                          |
| Transmission Repairs Needed: <u>Will not move Charge Pump failed</u>   |                                  |                          |
| Drivetrain: <input type="checkbox"/> 2WD <input type="checkbox"/> 4WD <input type="checkbox"/> AWD Condition: _____  |                                  |                          |
| Date Removed From Service: <u>1/20/25</u> Maintenance Records: <input checked="" type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection   |                                  |                          |
| Exterior: Color <u>Yellow</u> Windows: <input type="checkbox"/> No cracked glass <input type="checkbox"/> Cracked _____  |                                  |                          |
| Minor <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <input type="checkbox"/> Low <input type="checkbox"/> Flat _____  |                                  |                          |
| Damage to: _____   |                                  |                          |
| Additional Damage to: _____  |                                  |                          |
| # Of Wheels _____ # Of Axles _____ # Of Tracks _____   |                                  |                          |
| Dimensions: _____  |                                  |                          |
| Decals: <input type="checkbox"/> None <input type="checkbox"/> Have been sprayed <input type="checkbox"/> Have been removed <input type="checkbox"/> Impressions remain <input type="checkbox"/> No impressions                                      |                                  |                          |
| Interior: Color _____ <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather   |                                  |                          |
| Damage to Seats: _____   |                                  |                          |
| Damage to Dash/ Floor: _____   |                                  |                          |
| Radio: Brand _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD  |                                  |                          |
| <input type="checkbox"/> Cruise Control Power: <input type="checkbox"/> Steering <input type="checkbox"/> Seats <input type="checkbox"/> AC <input type="checkbox"/> No AC Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown |                                  |                          |
| Additional Equipment: Manufacturer _____ Model _____   |                                  |                          |
| Serial # _____ Condition: <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition  |                                  |                          |
| Description: _____   |                                  |                          |
| Location of Asset: _____   |                                  |                          |
| For more information contact: _____  |                                  |                          |