

## Heavy Equipment Inspection Form

<b>Inventory ID:</b>	<b>Asset Number</b>	<b>Fair Market Value:</b>
<b>Short Description:</b>		
Year <u>1996</u>	Manufacturer <u>Ford</u>	Model <u>Ford 555D</u>
<b>Long Description:</b> Equipment Serial # <u>A438050</u> [Required for all Marketing]		
This Equipment: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Is Operable <input type="checkbox"/> Is not operable <input type="checkbox"/> For Parts Only		
<b>Engine:</b> <input type="checkbox"/> L, V <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel engine Engine: <input type="checkbox"/> Hours <u>1441</u> <input type="checkbox"/> Miles _____		
This vehicle was maintained every _____ <input type="checkbox"/> Hours		
<b>Engine Manufacture:</b> <u>Ford</u> <b>Condition:</b> <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Is in Unknown Condition		
Engine Repairs needed: _____		
<b>Transmission:</b> <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Manual _____ Speed: _____ <b>Transmission:</b> <input type="checkbox"/> Hours _____ <input type="checkbox"/> Miles _____		
<b>Transmission Manufacture:</b> _____ <b>Condition:</b> <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown		
Transmission Repairs Needed: _____		
Drivetrain: <input checked="" type="checkbox"/> 2WD <input type="checkbox"/> 4WD <input type="checkbox"/> AWD Condition: _____		
Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection		
<b>Exterior:</b> Color <u>Yellow</u> <b>Windows:</b> <input type="checkbox"/> No cracked glass <input type="checkbox"/> Cracked _____		
Minor <input type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings <b>Tire Condition:</b> <input type="checkbox"/> Low _____ <input type="checkbox"/> Flat _____		
Damage to: _____		
Additional Damage to: <u>Hydraulics not functional and outriggers not operational</u>		
# Of Wheels <u>4</u> # Of Axles <u>2</u> # Of Tracks <u>N/A</u>		
Dimensions: _____		
Decals: <input checked="" 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		
<b>Interior:</b> Color _____ <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather		
Damage to Seats: <u>Bad Condition/Open Cab</u>		
Damage to Dash/ Floor: _____		
Radio: Brand <u>N/A</u> <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 checked="" type="checkbox"/> No AC <b>Condition:</b> <input type="checkbox"/> Cold <input type="checkbox"/> Unknown		
<b>Additional Equipment:</b> Manufacturer _____ Model _____		
Serial # _____ <b>Condition:</b> <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition		
Description: _____		
<b>Location of Asset:</b> <u>Central Water Plant</u>		
<b>For more information contact:</b> <u>Nickholas Butler</u>		