

Heavy Equipment Inspection Form

Inventory ID:	Asset Number	Fair Market Value:
Short Description: Year <u>2006</u> Manufacturer <u>Baldor</u> Model <u>TS80</u>		
Long Description: Equipment Serial # <u>P0605170001</u> [Required for all Marketing] This Equipment: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Is Operable <input checked="" type="checkbox"/> Is not operable <input checked="" type="checkbox"/> For Parts Only Engine: <u>4.5</u> L, V <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel engine Engine: <input checked="" type="checkbox"/> Hours <u>unknown</u> <input type="checkbox"/> Miles _____ This vehicle was maintained every _____ <input type="checkbox"/> Hours Engine Manufacture: <u>John Deere</u> Condition: <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Is in Unknown Condition Engine Repairs needed: <u>Engine ran when last started , generator control panel missing</u> Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed Transmission: <input type="checkbox"/> Hours _____ <input type="checkbox"/> Miles _____ Transmission Manufacture: _____ Condition: <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown Transmission Repairs Needed: _____ Drivetrain: <input type="checkbox"/> 2WD <input type="checkbox"/> 4WD <input type="checkbox"/> AWD Condition: _____ Date Removed From Service: <u>6/24</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection		
Exterior: Color <u>red</u> Windows: <input type="checkbox"/> No cracked glass <input type="checkbox"/> Cracked _____ Minor <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <input type="checkbox"/> Low _____ <input type="checkbox"/> Flat _____ Damage to: <u>rusting on generator housings</u> Additional Damage to: _____ # Of Wheels <u>2</u> # Of Axles <u>1</u> # 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: <u>700 NW 91 ave 33324 , Central water plant</u> For more information contact: _____		