

Heavy Equipment Inspection Form

Inventory ID:	Asset Number	Fair Market Value:
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Short Description:

Year _____ Manufacturer _____ Model _____

Long Description: Equipment Serial # _____ [Required for all Marketing]

This Equipment: ☐ Starts ☐ Starts with a Boost & ☐ Is Operable ☐ Is not operable ☐ For Parts Only

Engine: ____ L, V ____ ☐ Gas ☐ Diesel engine Engine: ☐ Hours _____ ☐ Miles _____

This vehicle was maintained every _____ ☐ Hours

Engine Manufacture: _____ **Condition:** ☐ Is Operable ☐ Needs repair ☐ Is in Unknown Condition

Engine Repairs needed: _____

Transmission: ☐ Automatic ☐ Manual ____ Speed Transmission: ☐ Hours _____ ☐ Miles _____

Transmission Manufacture: _____ **Condition:** ☐ Is Operable ☐ Needs Repair ☐ Is Unknown

Transmission Repairs Needed: _____

Drivetrain: ☐ 2WD ☐ 4WD ☐ AWD Condition: _____

Date Removed From Service: _____ Maintenance Records: ☐ Available ☐ Not Available For Inspection

Exterior: Color _____ **Windows:** ☐ No cracked glass ☐ Cracked _____

Minor ☐ Dents ☐ Scratches ☐ Dings **Tire Condition:** ☐ Low ____ ☐ Flat ____

Damage to: _____

Additional Damage to: _____

Of Wheels _____ # Of Axles _____ # Of Tracks _____

Dimensions: _____

Decals: ☐ None ☐ Have been sprayed ☐ Have been removed ☐ Impressions remain ☐ No impressions

Interior: Color _____ ☐ Cloth ☐ Vinyl ☐ Leather

Damage to Seats: _____

Damage to Dash/ Floor: _____

Radio: Brand _____ ☐ AM ☐ AM/FM ☐ AM/FM Cassette ☐ AM/FM CD

☐ Cruise Control Power: ☐ Steering ☐ Seats ☐ AC ☐ No AC **Condition:** ☐ Cold ☐ Unknown

Additional Equipment: **Manufacturer** _____ **Model** _____

Serial # _____ **Condition:** ☐ Is Operable ☐ Needs repair ☐ Is in Unknown Condition

Description: _____

Location of Asset: _____

For more information contact: _____