

Generic Inspection Form

Inventory ID:

ITEM #19 LOT 10

Asset Number

Anticipated Sale Price:

Short Description: 1 - WELDING WORK BENCH

Year _____ Manufacturer _____ Model _____

Please fill in or check if apply

Long Description:

This Equipment: ☐ Is Operable ☐ Is Not Operable ☐ For Parts Only ☐ Needs Repair ☐ The Condition is Unknown

☐ Hours: _____ This equipment was maintained every _____ ☐ Hours ☐ Days

Serial # _____

Repairs needed: _____

Description of Use

DIMENSIONS 4' X 6' X 31", TOP 1 1/4" THICK
" VERY HEAVY "

Color _____ ☐ Cloth ☐ Vinyl ☐ Leather ☐ Metal ☐ Plastic ☐ Wood ☐ Rubber

Minor damage to: _____

Major damage to: _____

Size: Length: Feet: _____ Inches: _____ Width/Depth: Feet: _____ Inches: _____ Height: Feet: _____ Inches: _____

Men's Size: _____ Women's Size: _____

Additional Equipment: Manufacturer _____ Model _____

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

Description: _____

Additional Equipment: Manufacturer _____ Model _____

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

Description: _____

Additional Equipment: Manufacturer _____ Model _____

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

Description: _____

Comments:

Location of Asset: _____

For more information contact: _____