

# Generic Inspection Form

Inventory ID:

ITEM #16 LOT 7

Asset Number

Anticipated Sale Price:

Short Description:

1 - SKID OF SHOP EQUIPMENT

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

DRILL'S, GAS TORCH GAUGE'S/HOSES, HAND TOOLS

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:** \_\_\_\_\_