

Heavy Equipment Inspection Form

Inventory ID:	Asset Number	Fair Market Value:
Short Description:		
Year _____	Manufacturer _____	Model _____
Long Description: Equipment Serial # _____ [Required for all Marketing] This Equipment: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Is Operable <input type="checkbox"/> Is not operable <input type="checkbox"/> For Parts Only		
Engine: _____ L, V _____ <input type="checkbox"/> Gas <input type="checkbox"/> Diesel engine Engine: <input type="checkbox"/> Hours _____ <input type="checkbox"/> Miles _____ This vehicle was maintained every _____ <input type="checkbox"/> Hours		
Engine Manufacture: _____ Condition: <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition Engine Repairs needed: _____		
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: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection		
Exterior: Color _____ 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: _____ Additional Damage to: _____		
# Of Wheels _____ # Of Axles _____ # 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: _____ For more information contact: _____		