

Heavy Equipment Inspection Form

GTI Asset ID: _____	Agency Asset Id _____	Date: _____
Short Description: Year _____ Manufacturer _____ Model _____		
Long Description: Equipment Serial # _____ 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 Leaks: <input type="checkbox"/> Hydraulic <input type="checkbox"/> Engine Oil <input type="checkbox"/> Coolant <input type="checkbox"/> DriveTrain <input type="checkbox"/> Other		
Interior: Color _____ <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Other 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: _____		
Does Agency have Forklift / Operator?: _____ If yes, what are Days / Hours: _____		