

SURVEY REPORT

PREPARE SEPARATE REPORT FOR EACH GROUP OF EQUIPMENT WHERE MATERIAL DIFFERENCES IN APPLICATION APPLY.
CHECK ALL APPLICABLE BOXES AND/OR FILL IN BLANKS.

DEALER _____ DATE OF SURVEY _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

CUSTOMER _____

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP)

LOCATION OF EQUIPMENT _____ DEPARTMENT _____

TYPE OF OPERATION

INDUSTRY

- | | |
|--|---|
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Lumber/Wood Products |
| <input type="checkbox"/> Heavy Mfg. | <input type="checkbox"/> Stone/Clay/Glass |
| <input type="checkbox"/> Light Mfg. | <input type="checkbox"/> Primary Metals |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Stevedoring |
| <input type="checkbox"/> Paper Products | <input type="checkbox"/> Chemical |
| <input type="checkbox"/> Printing/Publishing | <input type="checkbox"/> Foundry |
| <input type="checkbox"/> Textile | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Plastic | <input type="checkbox"/> Freezer |
| <input type="checkbox"/> Food | |
| <input type="checkbox"/> Other (Explain) _____ | |

PRODUCT HANDLED _____

OPERATING CONDITIONS

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Acid | <input type="checkbox"/> Clean |
| <input type="checkbox"/> Alkali | <input type="checkbox"/> Abrasive |
| <input type="checkbox"/> Brine | <input type="checkbox"/> Cooler |
| <input type="checkbox"/> Excessive Heat | <input type="checkbox"/> Lint |
| <input type="checkbox"/> Freezer | <input type="checkbox"/> Dust |
| <input type="checkbox"/> Explosive | <input type="checkbox"/> Humid |
| <input type="checkbox"/> Corrosive | |
| Time in Freezer _____ % | Freezer Temperature _____ ° |

OPERATING AREA

- | | |
|--|------------------------------|
| <input type="checkbox"/> Trailer | Low Stacking Time _____ % |
| <input type="checkbox"/> Box Cars | High Stacking Time _____ % |
| <input type="checkbox"/> Dockboards | Running Time _____ % |
| <input type="checkbox"/> Dock Levelers | _____ <u>100</u> % |
| <input type="checkbox"/> Railroad Tracks | Length of Avg. Run _____ Ft. |
| Housekeeping | Avg. Load _____ # |
| <input type="checkbox"/> Good | Max. Load _____ # |
| <input type="checkbox"/> Fair | Max. Load Time _____ % |
| <input type="checkbox"/> Poor | Load Size _____ |
| Aisle Width | L _____ W _____ H _____ |
| Main _____ | Door Opening |
| Inter _____ | H _____ W _____ |
| Ramps | |
| Rise _____ | Length _____ Surface _____ |

USED INDOORS _____ %

FLOOR TYPE

- Concrete
 Steel
 Tile
 Wood
 Wood Block
 Other _____

SURFACE

- Smooth
 Rutted
 Cracks
 Potholes

USED OUTDOORS _____ %

YARD TYPE

- Dirt
 Cinder
 Crushed Stone
 Asphalt
 Concrete
 Other _____

SURFACE

- Smooth
 Rutted
 Cracks
 Potholes

FLOOR/YARD EXPOSURES (F for Floor, Y for Yard)

- | | |
|---------------|---------------|
| Dry _____ | Dunnage _____ |
| Clean _____ | Grease _____ |
| Wet _____ | Oil _____ |
| Sawdust _____ | Metal _____ |
| String _____ | Glass _____ |
| Wire _____ | Sand _____ |

SEVERITY OF OPERATION

Rough Usage

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Tires | <input type="checkbox"/> Pushing Static Load |
| <input type="checkbox"/> High Cycle | <input type="checkbox"/> Attachment |
| | <input type="checkbox"/> Other _____ |

DRIVERS

- Number _____
 Trained Assigned Incentive
Supervision: Good Fair Poor

DUTY CYCLE OF PROPOSED EQUIPMENT

- Days Per Week** _____
Running Hours Per Shift 1 _____ 2 _____ 3 _____
Estimated Annual Running Hours _____
Is Work Seasonal? Yes No

DISTANCE & TIME FROM SERVICING DEALER

- Round Trip Travel Time _____
Round Trip Mileage _____

DEALER _____

BY _____ DATE _____

TITLE _____

CUSTOMER _____

BY _____ DATE _____

TITLE _____

