

USED EQUIPMENT INSPECTION REPORT - SIT DOWN RIDER

Customer: _____ Location: _____ Dealer Name: _____

Year: _____ Make: _____ Model#: _____ Serial#: _____ Hour Meter: _____ Date of Report: _____

Forklift Operating Y N Capacity: _____ Tires: Cushion Pneumatic Solid Y N Dual Wheels Y N

Attachment Manufacturer: _____ Model: _____ Serial Number(s): _____

Condition of Attachment Good Fair Poor Length / Width of Forks: _____ Type: Hook Pin LP Tank: Y N

Mast Serial #: _____ Maximum Fork Height: _____ V FV FSV QFV Other: _____ Lowered Height: _____

Power: Gas LP Diesel Dual Fuel Electric: _____ Voltage: _____ Battery Compartment Width: _____

Full Maintenance: Y N Maintenance Provider: _____

Battery Manufacturer: _____ Model: _____ Serial Number(s): _____

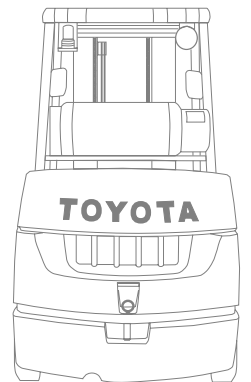
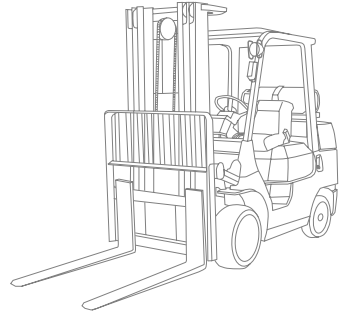
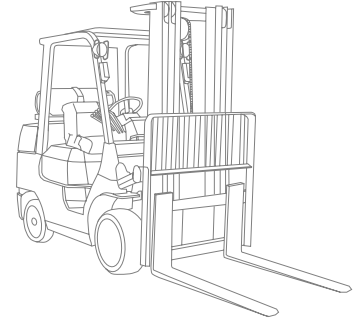
Charger Manufacturer: _____ Model: _____ Serial Number(s): _____

Type of Operation: Dry Wet Clean Foundry Recycling Outdoors Other: _____

BODY / FRAME:

- | | | | | | |
|----------------------|--------------------------------------|---|---|----------------------------------|--|
| Seat | <input type="checkbox"/> OK | <input type="checkbox"/> Tom / Ripped | <input type="checkbox"/> Unsafe | <input type="checkbox"/> Missing | Factory Seat <input type="checkbox"/> Y <input type="checkbox"/> N |
| Dash Panel | <input type="checkbox"/> OK | <input type="checkbox"/> Cracked / Dented | <input type="checkbox"/> Missing | | |
| Dash | <input type="checkbox"/> OK | <input type="checkbox"/> Cracked / Dented | <input type="checkbox"/> Missing | | |
| Floor Mat | <input type="checkbox"/> OK | <input type="checkbox"/> Worn / Hole | <input type="checkbox"/> Torn | <input type="checkbox"/> Missing | |
| Hood | <input type="checkbox"/> OK | <input type="checkbox"/> Cracked / Dented | <input type="checkbox"/> Missing | | |
| Clipboard | <input type="checkbox"/> OK | <input type="checkbox"/> Cracked / Dented | <input type="checkbox"/> Missing | | |
| Head Lights | <input type="checkbox"/> Operational | <input type="checkbox"/> Not-Operational | <input type="checkbox"/> Missing | | |
| - Location of Lights | <input type="checkbox"/> On Mast | Quantity: _____ | <input type="checkbox"/> On OHG | Quantity: _____ | |
| Rear Light | <input type="checkbox"/> Operational | <input type="checkbox"/> Not-Operational | <input type="checkbox"/> Missing | | |
| Body Panels | <input type="checkbox"/> OK | <input type="checkbox"/> Bent / Dented | <input type="checkbox"/> Parts Missing: _____ | | |
| Frame Structure | <input type="checkbox"/> OK | <input type="checkbox"/> Bent | <input type="checkbox"/> Other: _____ | | |
| OHG | <input type="checkbox"/> OK | <input type="checkbox"/> Bent | <input type="checkbox"/> Repaired/Welded | <input type="checkbox"/> Missing | <input type="checkbox"/> Damage _____ |
| Counter Weight | <input type="checkbox"/> OK | <input type="checkbox"/> Damaged: _____ | | | |

Using an X, please indicate damage below.



ACCESSORIES:

- | | | | | |
|-------------------|--------------------------------------|--|---|--|
| Horn | <input type="checkbox"/> Operational | <input type="checkbox"/> Not-Operational | | |
| Strobe | <input type="checkbox"/> Operational | <input type="checkbox"/> Not-Operational | <input type="checkbox"/> No strobe | <input type="checkbox"/> Lens Color: _____ |
| Back-up alarm | <input type="checkbox"/> Operational | <input type="checkbox"/> Not-Operational | <input type="checkbox"/> No back-up alarm | |
| Fire Extinguisher | <input type="checkbox"/> Charged | <input type="checkbox"/> Dis-Charged | <input type="checkbox"/> No Fire Extinguisher | |
| Seat belt | <input type="checkbox"/> Operational | <input type="checkbox"/> Not-Operational | | |

MAST:

- | | | | | |
|----------------------|-----------------------------|---------------------------------------|----------------------------------|--|
| Hydraulic Hoses | <input type="checkbox"/> OK | <input type="checkbox"/> Cracked | <input type="checkbox"/> Leaking | <input type="checkbox"/> Sheave worn |
| S/Shifter hose guard | <input type="checkbox"/> OK | <input type="checkbox"/> Smashed | <input type="checkbox"/> Dented | <input type="checkbox"/> Missing |
| Carriage | <input type="checkbox"/> OK | <input type="checkbox"/> Loose | <input type="checkbox"/> Bent | |
| Side Shifter | <input type="checkbox"/> OK | <input type="checkbox"/> Loose | <input type="checkbox"/> Bent | <input type="checkbox"/> No Side Shifter |
| LBR | <input type="checkbox"/> OK | <input type="checkbox"/> Missing Bars | <input type="checkbox"/> Bent | <input type="checkbox"/> Cracked <input type="checkbox"/> Missing/Not Applicable |
| Tilt Cylinder | <input type="checkbox"/> OK | <input type="checkbox"/> Wet | <input type="checkbox"/> Leaking | <input type="checkbox"/> Bent <input type="checkbox"/> Damage: _____ |
| Lift Cylinder | <input type="checkbox"/> OK | <input type="checkbox"/> Wet | <input type="checkbox"/> Leaking | <input type="checkbox"/> Bent <input type="checkbox"/> Damage: _____ |
| Mast | <input type="checkbox"/> OK | <input type="checkbox"/> Worn | <input type="checkbox"/> Twisted | <input type="checkbox"/> Damage: _____ |
| Hydraulic Pump | <input type="checkbox"/> OK | <input type="checkbox"/> Leaking | <input type="checkbox"/> Noisy | <input type="checkbox"/> Other: _____ |

DRIVE / ENGINE:

- | | | | | |
|---------------------|--------------------------------------|--|--|--|
| Drive Axle | <input type="checkbox"/> OK | <input type="checkbox"/> Noisy | <input type="checkbox"/> Leaks | |
| Steer Axle/Assembly | <input type="checkbox"/> OK | <input type="checkbox"/> Leaking | <input type="checkbox"/> Damage: _____ | |
| Steering | <input type="checkbox"/> OK | <input type="checkbox"/> Loose | <input type="checkbox"/> Other: _____ | |
| Parking Brake | <input type="checkbox"/> Operational | <input type="checkbox"/> Not Operational | <input type="checkbox"/> Holds truck | <input type="checkbox"/> Tension |
| Transmission | <input type="checkbox"/> OK | <input type="checkbox"/> Slips | <input type="checkbox"/> Leaks | <input type="checkbox"/> Not Pulling <input type="checkbox"/> Noisy: _____ |
| Engine | <input type="checkbox"/> OK | <input type="checkbox"/> Smokes | <input type="checkbox"/> Noisy | <input type="checkbox"/> Knocks <input type="checkbox"/> Leaks |
| Electric Motor | <input type="checkbox"/> OK | <input type="checkbox"/> Inoperable | <input type="checkbox"/> Malfunctions | <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Cooling System/ | <input type="checkbox"/> OK | <input type="checkbox"/> Over-heating | <input type="checkbox"/> Leaks | <input type="checkbox"/> Damaged <input type="checkbox"/> Clogged |
| Radiator | <input type="checkbox"/> OK | <input type="checkbox"/> Damaged | <input type="checkbox"/> Clogged | <input type="checkbox"/> Other: _____ |

MEASUREMENTS:

- | | | | | | |
|----------------------------|-----------------------------|---------------------------------------|--|-----------------------------------|--|
| Forks | <input type="checkbox"/> OK | <input type="checkbox"/> Bent | <input type="checkbox"/> Worn | <input type="checkbox"/> Forklock | <input type="checkbox"/> Measurement _____ |
| Drive Tires | <input type="checkbox"/> OK | <input type="checkbox"/> Cut/Chunked | <input type="checkbox"/> Measurement / Size: _____ | | |
| Steer Tires | <input type="checkbox"/> OK | <input type="checkbox"/> Cut/Chunked | <input type="checkbox"/> Measurement / Size: _____ | | |
| Lift Chains | <input type="checkbox"/> OK | <input type="checkbox"/> Worn | <input type="checkbox"/> Measurement: _____ | | |
| Fork Bar | <input type="checkbox"/> OK | <input type="checkbox"/> Other: _____ | | | |
| Side Shifter | <input type="checkbox"/> OK | <input type="checkbox"/> Other: _____ | | | |
| Fluid Levels | <input type="checkbox"/> OK | <input type="checkbox"/> Other: _____ | | | |
| Battery-Class 1/2/3 "ONLY" | <input type="checkbox"/> OK | <input type="checkbox"/> Other: _____ | | | |

Forks must be measured with the standard fork caliper at the heel of the fork: 10% wear is the maximum allowed.

Tires - Standard is to the top of the tire lettering for replacement.

DRIVE TEST:

- | | | | | |
|------------------------|-------------------------------|---------------------------------------|-------------------------------|---------------------------------------|
| Brakes | <input type="checkbox"/> OK | <input type="checkbox"/> Grinds | <input type="checkbox"/> Poor | <input type="checkbox"/> Noisy: _____ |
| Pedal Height: | <input type="checkbox"/> High | <input type="checkbox"/> Medium | <input type="checkbox"/> Low | |
| SAS - Drive | <input type="checkbox"/> OK | <input type="checkbox"/> No: _____ | | |
| SAS - Mast | <input type="checkbox"/> OK | <input type="checkbox"/> No: _____ | | |
| Mast Staging | <input type="checkbox"/> OK | <input type="checkbox"/> Other: _____ | | |
| Mast Lifting | <input type="checkbox"/> OK | <input type="checkbox"/> Other: _____ | | |
| Mast Speed | <input type="checkbox"/> OK | <input type="checkbox"/> Other: _____ | | |
| Ignition Switch/Button | <input type="checkbox"/> OK | <input type="checkbox"/> Other: _____ | | |

OVERALL APPEARANCE AND CONDITION:

- | | | | | |
|----------------------|------------------------------------|-------------------------------|-------------------------------|--------------------------------------|
| Overall Appearance | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor: _____ |
| Mechanical Condition | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor: _____ |

Equipment Modified: Y N Explain: _____

MISSING PARTS/EQUIPMENT: _____

ADDITIONAL COMMENTS: _____

ESTIMATED COST OF REPAIRS:

Inspected by: _____ Title: _____ Date: _____

Inspection Location: _____

LESSEE UNDERSTANDS THE MAINTENANCE AND RETURN REQUIREMENTS SPECIFIED IN THE LEASE AGREEMENT AND AGREES THAT THE CONDITION OF THE EQUIPMENT IS ACCURATELY REFLECTED IN THIS CONDITION REPORT.

Lessee Representative Name: _____ Date: _____

Print: _____ Title: _____

Date unit returned to dealer: _____ Hour Meter Reading: Key: _____ Drive: _____ Pump: _____

PLEASE NOTE ANY CHANGES IN THE CONDITION OF THE EQUIPMENT AFTER THE DATE OF THE INITIAL INSPECTION: _____

Storing Dealer: _____ City: _____ State: _____ Telephone: _____

DEALER WARRANTS THAT ALL OF THE INFORMATION CONTAINED IN THIS REPORT IS COMPLETE AND ACCURATE AND THAT THE CONDITION OF THE EQUIPMENT IS AS STATED ABOVE. A MINIMUM OF 5 DIGITAL PHOTOGRAPHS SHOULD ACCOMPANY THIS CONDITION REPORT.

Dealer Representative Name: _____ Date: _____

14199 (12/02) Print: _____ Title: _____