

Coates Hire Pre Divestment Inspection Checklist

Trucks / Motor Vehicles

Description 3T TIPPOR Asset # 1057231 Service Job # _____

Note that this internal checklist is merely a physical and not structural inspection of the machine with disclosure of any known issues at the time to assist in making a commercial decision on the viability of that item. At the discretion of Coates Hire, this report may be available to potential buyers. It is the buyer's or bidder's sole responsibility to further assess and repair the item and ensure its compliance with all relevant legislation before being used and to ensure that it is maintained in a fully operational, safe and serviceable condition.

General Information: *** Copy Data Plate information in this section ***

Make/ Model ISUZU NPR300 Engine/Motor - Make/Model ISUZU 4HK1
 Year 2011 Engine Serial Number 84117
 Serial Number JAANPR75HB7106444 Meter Reading 147955

Comments: _____

Features:

Pickup Flat Bed Dump Boom Other Comments: _____
 Drive System 2WD 4WD Power Take Off
 Axle Weights Rating: Front _____
 Axle Weights Rating: Rear _____
 Registration Information Number YBX986 Year 2024

Overall Appearance:

	Good	Fair	Poor	Comments:
Control Station\Operator Station	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>NEEDS PAINT</u>
Sheet metal\Fiberglass Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Paint	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Operator Station

	Good	Fair	Poor	N/A	Comments:
Seat Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Steering Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Powertrain Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Operates				Operates		
	Yes	No	N/A		Yes	No	N/A
Safety Belt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warning Alarms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Conditioner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Odometer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Engine or Electric Motor:

Power: Diesel Gas Comments: _____
 Does it start? Yes No
 Did it need to be jumped? Yes No
 Acceptable Power Yes No
 Unusual Noises Yes No

Transmission

Transmission Auto Manual Hydrostatic No. Speeds _____ Comments: _____

	Operates				Operates		
	Yes	No	N/A		Yes	No	N/A
Forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reverse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shifting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chassis

	Good	Fair	Poor	Inoper	Missing	N/A	Comments:
Bumpers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Windshield Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trailer Electrical Connections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work Body Function	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Tyre Condition:

Left - Front	Left - Rear	Right - Front	Right - Rear
Brand- _____	Brand- _____	Brand- _____	Brand- _____
Size- <u>OK</u>	Size- <u>OK</u>	Size- <u>OK</u>	Size- <u>OK</u>
Condition- _____	Condition- _____	Condition- _____	Condition- _____

Full Name of Employee completing Inspection: _____ Branch where Inspection completed: _____

Any other known issues, faults: _____