

| Coates Inspection Checklist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PUMPS | | Pump Photos | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| See Pump Photo Log for required pictures | | Asset # <u>1112012</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Information: *** Copy Data Plate information in this section *** Make/ Model <u>SYKES</u> Engine / Motor - Make / Model <u>Perkins</u> Year <u>2012</u> Engine Serial Number <u>Unknown</u> Serial Number <u>1229815-2</u> Meter Reading <u>7037.6</u> | | <input checked="" type="checkbox"/> Data Plate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Features: List features or options for the machine: Inlet Diameter: <u>200mm</u> Self Priming <input checked="" type="checkbox"/> Outlet Diameter: <u>200mm</u> Frame Mount <input checked="" type="checkbox"/> Trailer Mount <input type="checkbox"/> Output Volume: _____ | | 4-Corner Photos <input checked="" type="checkbox"/> Left-Front Corner <input checked="" type="checkbox"/> Left-Rear Corner <input checked="" type="checkbox"/> Right-Front Corner <input checked="" type="checkbox"/> Right-Rear Corner <input type="checkbox"/> Damage <input type="checkbox"/> Damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overall Appearance: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Good</th> <th style="text-align: center;">Fair</th> <th style="text-align: center;">Poor</th> <th></th> </tr> </thead> <tbody> <tr> <td>Control Station/Operator Station</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Sheet metal/Fiberglass Condition</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Paint</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Lights</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table> | | | Good | Fair | Poor | | Control Station/Operator Station | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Sheet metal/Fiberglass Condition | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Paint | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Lights | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| | Good | Fair | Poor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Control Station/Operator Station | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Paint | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Control Station <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2" style="text-align: center;">Operates</th> <th rowspan="2">N/A</th> <th rowspan="2">Comments:</th> </tr> <tr> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Operator Controls</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td>_____</td> </tr> <tr> <td>Gauges Operational?</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table> | | | Operates | | N/A | Comments: | Yes | No | Operator Controls | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | _____ | Gauges Operational? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input checked="" type="checkbox"/> Hour Meter <input type="checkbox"/> Gauges <input type="checkbox"/> Damage <input type="checkbox"/> Damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Operates | | N/A | Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator Controls | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Engine or Electric Motor: Power: Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Does it start? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments: _____ Did it need to be jumped? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Acceptable Power <input checked="" type="checkbox"/> _____ Unusual Noises <input type="checkbox"/> _____ | | <input type="checkbox"/> Right Side hood open <input checked="" type="checkbox"/> Left Side hood open | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chassis <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Good</th> <th style="text-align: center;">Fair</th> <th style="text-align: center;">Poor</th> <th style="text-align: center;">Inoper</th> <th style="text-align: center;">Missing</th> <th style="text-align: center;">N/A</th> <th>Comments:</th> </tr> </thead> <tbody> <tr> <td>Frame Condition</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Trailer Lights</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Trailer Electrical Connections</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Trailer Brakes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Switches</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table> | | | Good | Fair | Poor | Inoper | Missing | N/A | Comments: | Frame Condition | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____ | Trailer Lights | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____ | Trailer Electrical Connections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____ | Trailer Brakes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____ | Switches | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> Hitch |
| | Good | Fair | Poor | Inoper | Missing | N/A | Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Trailer Lights | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tire Condition: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Left</th> <th style="width: 50%;">Right</th> </tr> </thead> <tbody> <tr> <td>Brand- _____</td> <td>Brand- _____</td> </tr> <tr> <td>Size- _____</td> <td>Size- _____</td> </tr> <tr> <td>Condition- _____</td> <td>Condition- _____</td> </tr> </tbody> </table> <div style="text-align: center; font-size: 2em; margin-top: 10px;">N/A</div> | | Left | Right | Brand- _____ | Brand- _____ | Size- _____ | Size- _____ | Condition- _____ | Condition- _____ | Tire pictures at a 45 degree angle showing the tread and side walls <input type="checkbox"/> Left <input type="checkbox"/> Right | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Left | Right | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brand- _____ | Brand- _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Size- _____ | Size- _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Condition- _____ | Condition- _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |