

Coates Inspection Checklist																																																														
Trucks		Photos																																																												
See Truck Photo Log for required pictures Asset # <u>1131925</u>																																																														
General Information: *** Copy Data Plate information in this section *** Make/ Model <u>ISUZU</u> Engine / Motor - Make / Model _____ Year <u>2013</u> Engine Serial Number _____ Serial Number _____ Meter Reading <u>106547</u> Comments: <u>JALFVZ34PD7000185</u>		<input type="checkbox"/> Data Plate																																																												
Features: Pickup <input type="checkbox"/> Flat Bed <input checked="" type="checkbox"/> Dump <input type="checkbox"/> Boom <input type="checkbox"/> Other <input type="checkbox"/> Drive System 2WD <input checked="" type="checkbox"/> 4WD <input type="checkbox"/> Power Take Off <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Axle Weights Rating: Front _____ Axle Weights Rating: Rear _____ Registration Information Number _____ Year _____ Month _____		4-Corner Photos <input type="checkbox"/> Left-Front Corner <input type="checkbox"/> Left-Rear Corner <input type="checkbox"/> Right-Front Corner <input type="checkbox"/> Right-Rear Corner <input type="checkbox"/> Damage <input type="checkbox"/> Damage																																																												
Overall Appearance: <table style="width:100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Good</td> <td style="text-align: center;">Fair</td> <td style="text-align: center;">Poor</td> <td></td> </tr> <tr> <td>Control Station/Operator Station</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" 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 type="checkbox"/></td> <td style="text-align: center;"><input checked="" 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 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>Lights</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> </table>			Good	Fair	Poor		Control Station/Operator Station	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	Sheet metal/Fiberglass Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Lights	<input type="checkbox"/>	<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"/> Does it start? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did it need to be jumped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Acceptable Power <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Unusual Noises <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments: <u>EGR Fault</u> <u>CORRODED WIRING</u>		<input type="checkbox"/> Right Side hood open <input type="checkbox"/> Left Side hood open																																																												
Transmission Transmission Type Auto <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Number of Speeds _____ <table style="width:100%; border: none;"> <tr> <td colspan="2" style="text-align: center;">Operates</td> <td colspan="3" style="text-align: center;">Operates</td> </tr> <tr> <td style="text-align: center;">Forward</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> <td>Clutch <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</td> </tr> <tr> <td style="text-align: center;">Reverse</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>Parking Brake <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</td> </tr> <tr> <td style="text-align: center;">Shifting</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>Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</td> </tr> </table>		Operates		Operates			Forward	Yes	No	N/A	Clutch <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Reverse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Brake <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Shifting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																																									
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Tire Condition: <table style="width:100%; border: none;"> <tr> <td style="width: 25%; text-align: center;">Left - Front</td> <td style="width: 25%; text-align: center;">Left - Rear</td> <td style="width: 25%; text-align: center;">Right - Front</td> <td style="width: 25%; text-align: center;">Right - Rear</td> </tr> <tr> <td>Brand- _____</td> <td>Brand- _____</td> <td>Brand- _____</td> <td>Brand- _____</td> </tr> <tr> <td>Size- _____</td> <td>Size- _____</td> <td>Size- _____</td> <td>Size- _____</td> </tr> <tr> <td>Condition- <u>Fair</u></td> <td>Condition- <u>Fair</u></td> <td>Condition- <u>Fair</u></td> <td>Condition- <u>Fair</u></td> </tr> </table>		Left - Front	Left - Rear	Right - Front	Right - Rear	Brand- _____	Brand- _____	Brand- _____	Brand- _____	Size- _____	Size- _____	Size- _____	Size- _____	Condition- <u>Fair</u>	Condition- <u>Fair</u>	Condition- <u>Fair</u>	Condition- <u>Fair</u>	Tire pictures at a 45 degree angle showing the tread and side walls <input type="checkbox"/> Left <input type="checkbox"/> Right																																												
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