

Coates Inspection Checklis																																																												
Tools & Equipment (Electric, Pneumatic, Hydraulic or Internal Combustion)		Photos																																																										
Asset # <u>102 8200</u>																																																												
General Information: *** Copy Data Plate information in this section *** Type of Tool: <u>Caged Wheel</u> Make/ Model: <u>Trailer Factory</u> Year: <u>2011</u> Serial Number: <u>6FL112233B1000337</u> Engine/Motor - Make / Model: _____ Engine/Serial Number: _____ Meter Reading: _____		<input type="checkbox"/> Data Plate																																																										
Comments: <u>6FL112233B1000337</u>																																																												
Features: List features or options for the machine: Machine Type: Frame Mount <input type="checkbox"/> Trailer Mount <input checked="" type="checkbox"/> AC / DC Range: <u>Back in Black</u> Engine Horsepower: <u>0</u> Auxiliary Power: <u>0</u> Leads: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Leads Length: <u>0</u>		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 <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>Switches/cords</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>Sheet metal/Fiberglass Condition</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>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>Fit for Designed Purpose</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> </table>			Good	Fair	Poor		Switches/cords	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Sheet metal/Fiberglass Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Fit for Designed Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____																																		
	Good	Fair	Poor																																																									
Switches/cords	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____																																																								
Sheet metal/Fiberglass Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____																																																								
Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____																																																								
Fit for Designed Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____																																																								
Control Station <table style="width:100%; border: none;"> <tr> <td></td> <td colspan="3" style="text-align: center;">Operates</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> <td></td> </tr> <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 style="text-align: center;"><input type="checkbox"/></td> <td rowspan="3">Comments: _____</td> </tr> <tr> <td>Gauges Operational?</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> </tr> <tr> <td>Safety Devices</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> </tr> </table>			Operates					Yes	No	N/A		Operator Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____	Gauges Operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hour Meter <input type="checkbox"/> Operator Controls <input type="checkbox"/> Safety devices <input type="checkbox"/> Guages <input type="checkbox"/> Damage <input type="checkbox"/> Damage																																			
	Operates																																																											
	Yes	No	N/A																																																									
Operator Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____																																																								
Gauges Operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																									
Safety Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																									
Engine or Electric Motor: Power: Diesel <input type="checkbox"/> Petrol <input type="checkbox"/> Hydraulic <input type="checkbox"/> Electric <input type="checkbox"/> Air <input type="checkbox"/> Does it start? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Did it need to be jumped? <input type="checkbox"/> Acceptable Power <input type="checkbox"/> Unusual Noises <input type="checkbox"/>		<input type="checkbox"/> Right Side <input type="checkbox"/> Left Side																																																										
Hydraulics <table style="width:100%; border: none;"> <tr> <td></td> <td colspan="3" style="text-align: center;">Operates</td> <td colspan="3" style="text-align: center;">Leaks</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N/A</td> <td rowspan="6">Comments: _____</td> </tr> <tr> <td>Pump</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 type="checkbox"/></td> </tr> <tr> <td>Hoses</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 type="checkbox"/></td> </tr> <tr> <td>Cylinders</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 type="checkbox"/></td> </tr> <tr> <td>Drive Motors</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 type="checkbox"/></td> </tr> <tr> <td>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 type="checkbox"/></td> </tr> <tr> <td>Parking 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 type="checkbox"/></td> </tr> </table>			Operates			Leaks					Yes	No	N/A	Yes	No	N/A	Comments: _____	Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drive Motors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pump <input type="checkbox"/> Cylinders <input type="checkbox"/> Drive Motor <input type="checkbox"/> Damage <input type="checkbox"/> Damage <input type="checkbox"/> Damage
	Operates			Leaks																																																								
	Yes	No	N/A	Yes	No	N/A	Comments: _____																																																					
Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Drive Motors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Parking Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Wiring & Lights <table style="width:100%; border: none;"> <tr> <td></td> <td colspan="2" style="text-align: center;">Damaged</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td>Wiring</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td rowspan="2">Comments: <u>RH Tail Light Broken</u></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> </tr> </table>			Damaged				Yes	No		Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comments: <u>RH Tail Light Broken</u>	Lights	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																												
	Damaged																																																											
	Yes	No																																																										
Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comments: <u>RH Tail Light Broken</u>																																																									
Lights	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																										
Chassis: <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 style="text-align: center;">Inoper</td> <td style="text-align: center;">Missing</td> <td style="text-align: center;">N/A</td> <td rowspan="7">Comments: <u>unit old + ugly + worn out</u></td> </tr> <tr> <td>Frame Condition</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 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> </tr> <tr> <td>Handles Condition</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 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> </tr> <tr> <td>Lift Points Condition</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 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> </tr> <tr> <td>Guards Condition</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 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> </tr> <tr> <td>Mounting Points</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 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> </tr> <tr> <td>Winching Cable</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> </tr> </table>			Good	Fair	Poor	Inoper	Missing	N/A	Comments: <u>unit old + ugly + worn out</u>	Frame Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handles Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift Points Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guards Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mounting Points	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Winching Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Frame condition <input type="checkbox"/> Handles/Lifting points <input type="checkbox"/> Guards condition								
	Good	Fair	Poor	Inoper	Missing	N/A	Comments: <u>unit old + ugly + worn out</u>																																																					
Frame Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Handles Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Lift Points Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Guards Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Mounting Points	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Winching Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																						
Tyre Condition: <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Left - Front</td> <td style="width: 25%;">Left - Rear</td> <td style="width: 25%;">Right - Front</td> <td style="width: 25%;">Right - Rear</td> </tr> <tr> <td>Brand- _____</td> <td>Brand- _____</td> <td>Brand- _____</td> <td>Brand- _____</td> </tr> <tr> <td>Size- <u>185R14C</u></td> <td>Size- _____</td> <td>Size- _____</td> <td>Size- _____</td> </tr> <tr> <td>Condition- <u>75%</u></td> <td>Condition- <u>New</u></td> <td>Condition- <u>75%</u></td> <td>Condition- <u>New</u></td> </tr> </table>		Left - Front	Left - Rear	Right - Front	Right - Rear	Brand- _____	Brand- _____	Brand- _____	Brand- _____	Size- <u>185R14C</u>	Size- _____	Size- _____	Size- _____	Condition- <u>75%</u>	Condition- <u>New</u>	Condition- <u>75%</u>	Condition- <u>New</u>	Tire pictures at a 45 degree angle showing the tread and side walls <input type="checkbox"/> Left-Front <input type="checkbox"/> Left-Rear <input type="checkbox"/> Right-Front <input type="checkbox"/> Right-Rear																																										
Left - Front	Left - Rear	Right - Front	Right - Rear																																																									
Brand- _____	Brand- _____	Brand- _____	Brand- _____																																																									
Size- <u>185R14C</u>	Size- _____	Size- _____	Size- _____																																																									
Condition- <u>75%</u>	Condition- <u>New</u>	Condition- <u>75%</u>	Condition- <u>New</u>																																																									