

**Coates Inspection Checklis**

**Tools & Equipment (Electric, Pneumatic, Hydraulic or Internal Combustion)**

Photos

Asset # 1034027

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

Type of Tool: TOILET TRAILER  
 Make/Model: FORMT PB28 Engine / Motor: Make / Model \_\_\_\_\_  
 Year: 2011 Engine Serial Number \_\_\_\_\_  
 Serial Number: 9051 Meter Reading \_\_\_\_\_

Data Plate

Comments: EMD DUE TO CONDITION IAGE.

**Features:** List features or options for the machine:

Machine Type:  
 Frame Mount  Trailer Mount   
 AC / DC Range \_\_\_\_\_  
 Engine Horsepower \_\_\_\_\_  
 Auxiliary Power \_\_\_\_\_  
 Leads Yes  No   
 Leads Length \_\_\_\_\_

**4-Corner Photos**  
 Left-Front Corner  
 Left-Rear Corner  
 Right-Front Corner  
 Right-Rear Corner  
 Damage  
 Damage  
 Damage

**Overall Appearance:**

	Good	Fair	Poor	
Switches/cords	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fit for Designed Purpose	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

**Control Station**

		Operates			
		Yes	No	N/A	
Operator Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
Gauges Operational?	<input type="checkbox"/>	<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  
 Operator Controls  
 Safety devices  
 Guages  
 Damage  
 Damage

**Engine or Electric Motor:**

Power: Diesel  Petrol  Hydraulic  Electric  Air   
 Does it start? Yes  No   
 Did it need to be jumped?   
 Acceptable Power   
 Unusual Noises

Right Side  
 Left Side

**Hydraulics**

		Operates						
		Yes	No	N/A				
Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____	Leaks		
Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Yes	No
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"/>

Pump  
 Cylinders  
 Drive Motor  
 Damage  
 Damage  
 Damage

**Wiring & Lights**

Damaged  
 Wiring Yes  No   
 Lights \_\_\_\_\_

**Chassis:**

	Good	Fair	Poor	Inoper	Missing	N/A	Comments: <u>in old condition</u>
Frame Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handles Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift Points Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guards Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mounting Points	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	

Frame condition  
 Handles/Lifting points  
 Guards condition

**Tyre Condition:**

Left - Front	Left - Rear	Right - Front	Right - Rear
Brand- <u>SAVA</u>	Brand- _____	Brand- _____	Brand- _____
Size- <u>METRO</u>	Size- <u>SAME</u>	Size- _____	Size- _____
Condition- <u>FAIR</u>	Condition- _____	Condition- _____	Condition- _____

Tire pictures at a 45 degree angle showing the tread and side walls  
 Left-Front  
 Left-Rear  
 Right-Front  
 Right-Rear