

Coates Inspection Checklis						Photos																																																													
Tools & Equipment (Electric, Pneumatic, Hydraulic or Internal Combustion)						Asset # <u>1076207</u>																																																													
General Information: *** Copy Data Plate information in this section *** Type of Tool: <u>2 MAN POST HOLE DIGGER</u> Make/ Model: <u>STIHL BT360</u> Year: <u>2011</u> Serial Number: <u>362680483</u> Engine / Motor - Make / Model: _____ Engine Serial Number: _____ Meter Reading: _____								<input type="checkbox"/> Data Plate																																																											
Comments: 						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																																																													
Features: List features or options for the machine: Machine Type: Frame Mount <input type="checkbox"/> Trailer Mount <input type="checkbox"/> AC / DC Range _____ Engine Horsepower _____ Auxiliary Power _____ Leads _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Leads Length _____																																																																			
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 checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td rowspan="4" style="vertical-align: middle; text-align: center; padding: 10px;"><u>14425 OLD</u></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> </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> </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> </tr> </table>							Good	Fair	Poor		Switches/cords	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>14425 OLD</u>	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"/>	Fit for Designed Purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Hour Meter <input type="checkbox"/> Operator Controls <input type="checkbox"/> Safety devices <input type="checkbox"/> Gauges <input type="checkbox"/> Damage <input type="checkbox"/> Damage																																							
	Good	Fair	Poor																																																																
Switches/cords	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>14425 OLD</u>																																																															
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"/>																																																																
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 style="text-align: center;">Operates</td> <td></td> <td></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" style="vertical-align: middle; text-align: center; padding: 10px;">Comments: _____</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> </tr> <tr> <td>Safety Devices</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> </tr> </table>							Operates					Yes	No	N/A		Operator Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____	Gauges Operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																							
	Operates																																																																		
	Yes	No	N/A																																																																
Operator Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____																																																															
Gauges Operational?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																
Safety Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																
Engine or Electric Motor: <u>2 STROKE</u> Power: Diesel <input type="checkbox"/> Petrol <input checked="" type="checkbox"/> Hydraulic <input type="checkbox"/> Electric <input type="checkbox"/> Air <input type="checkbox"/> Does it start? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Did it need to be jumped? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Acceptable Power Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unusual Noises Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Comments: _____						<input type="checkbox"/> Right Side <input type="checkbox"/> Left Side																																																													
Hydraulics <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Operates</td> <td></td> <td style="text-align: center;">Leaks</td> <td></td> <td></td> <td></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></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> <td rowspan="5" style="vertical-align: middle; text-align: center; padding: 10px;">Comments: _____</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> <td></td> </tr> </table>							Operates		Leaks						Yes	No	N/A	Yes	No	N/A		Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____	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																																																													
Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____																																																												
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 style="text-align: center;">Damaged</td> <td></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 type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td rowspan="2" style="vertical-align: middle; text-align: center; padding: 10px;">Comments: _____</td> </tr> <tr> <td>Lights</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>							Damaged				Yes	No		Wiring	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____	Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Frame condition <input type="checkbox"/> Handles/Lifting points <input type="checkbox"/> Guards condition																																														
	Damaged																																																																		
	Yes	No																																																																	
Wiring	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____																																																																
Lights	<input type="checkbox"/>	<input 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></td> </tr> <tr> <td></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> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Frame 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 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 rowspan="5" style="vertical-align: middle; text-align: center; padding: 10px;">Comments: _____</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 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 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 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 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 type="checkbox"/></td> <td></td> </tr> </table>							Good	Fair	Poor	Inoper	Missing	N/A			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Frame Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____	Handles Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift Points Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guards Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mounting Points	<input type="checkbox"/>	<input 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 type="checkbox"/>			
	Good	Fair	Poor	Inoper	Missing	N/A																																																													
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																													
Frame Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____																																																												
Handles Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																													
Lift Points Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																													
Guards Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																													
Mounting Points	<input type="checkbox"/>	<input 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 type="checkbox"/>																																																													
Tyre 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- _____</td> <td>Condition- _____</td> <td>Condition- _____</td> <td>Condition- _____</td> </tr> </table>						Left - Front	Left - Rear	Right - Front	Right - Rear	Brand- _____	Brand- _____	Brand- _____	Brand- _____	Size- _____	Size- _____	Size- _____	Size- _____	Condition- _____	Condition- _____	Condition- _____	Condition- _____	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- _____	Size- _____	Size- _____	Size- _____																																																																
Condition- _____	Condition- _____	Condition- _____	Condition- _____																																																																