

**Coates Inspection Checklis**

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

**Photos**

Asset # 1187130

**General Information:**

\*\*\* Copy Data Plate information in this section \*\*\*

Type of Tool: Excavator  
 Make/ Model: 2015 CAT 275  
 Year: Caterpillar  
 Serial Number: 679T25R03J0688008  
 Engine / Motor - Make / Model: \_\_\_\_\_  
 Engine Serial Number: \_\_\_\_\_  
 Meter Reading: \_\_\_\_\_

Data Plate

**Comments:**

**Features:**

List features or options for the machine:

Machine Type:  
 Frame Mount  Trailer Mount   
 AC / DC Range \_\_\_\_\_  
 Engine Horsepower \_\_\_\_\_  
 Auxiliary Power \_\_\_\_\_  
 Leads \_\_\_\_\_  
 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Control Station**

	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"/>	

Hour Meter  
 Operator Controls  
 Safety devices  
 Gauges  
 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			Leaks			
	Yes	No	N/A	Yes	No	N/A	
Pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____
Hoses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cylinders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drive Motors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Pump  
 Cylinders  
 Drive Motor  
 Damage  
 Damage  
 Damage

**Wiring & Lights**

Wiring: Yes  No   
 Lights: Yes  No

**Chassis:**

	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 type="checkbox"/>	_____
Handles Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift Points Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guards Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mounting Points	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Winching Cable	<input checked="" 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- _____	Brand- _____	Brand- _____	Brand- _____
Size- <u>18.5R14C</u>	Size- _____	Size- _____	Size- _____
Condition- <u>70%</u>	Condition- <u>100%</u>	Condition- <u>80%</u>	Condition- <u>80%</u>

Tire pictures at a 45 degree angle showing the tread and side walls

Left-Front  
 Left-Rear  
 Right-Front  
 Right-Rear