

Coates Inspection Checklist Generators (Diesel or Petrol)		Photos
See Generator Photo Log for required pictures		Asset # <u>1163884</u>
General Information: *** Copy Data Plate information in this section *** Make/ Model <u>CUMMINS PSD</u> Engine / Motor - Make / Model <u>VANGUARD</u> Year <u>2015</u> Engine Serial Number _____ Serial Number _____ Meter Reading _____ Comments: <u>D5347</u>		<input type="checkbox"/> Data Plate
Features: List features or options for the machine: Generator Type Single Phase <input checked="" type="checkbox"/> 3 Phase <input type="checkbox"/> Frame mount <input checked="" type="checkbox"/> Trailer mount <input type="checkbox"/> Generator KVA Rating <u>8</u> Power Outlets Qty Single Phase <u>2</u> Amps per outlet <u>10+15A</u> Qty 3 Phase _____ Amps per outlet _____		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: Control Station/Operator Station <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Sheet metal/Fiberglass Condition <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Paint <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Lights <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Comments: _____
Control Station Operates Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Operator Controls <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Gauges Operational? <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		<input type="checkbox"/> Hour Meter <input type="checkbox"/> Guages <input type="checkbox"/> Damage <input type="checkbox"/> Damage
Engine: Power: Diesel <input type="checkbox"/> Petrol <input checked="" type="checkbox"/> Does it start? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Did it need to be jumped? <input type="checkbox"/> <input checked="" type="checkbox"/> Acceptable Power <input type="checkbox"/> <input checked="" type="checkbox"/> Unusual Noises <input type="checkbox"/> <input checked="" type="checkbox"/>		<input type="checkbox"/> Right Side hood open <input type="checkbox"/> Left Side hood open
Chassis Landing Gear / Outriggers <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Inoper <input type="checkbox"/> Missing <input type="checkbox"/> N/A Frame Condition <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trailer Lights <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trailer Electrical Connections <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trailer Brakes <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Switches <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Power Cables <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Hitch <input type="checkbox"/> Lights on <input type="checkbox"/> Light Tower (Extended)
Tire Condition: Left Brand- _____ Size- _____ Condition- _____ Right Brand- _____ Size- _____ Condition- _____		Tire pictures at a 45 degree angle showing the tread and side walls <input type="checkbox"/> Left <input type="checkbox"/> Right

Coates Inspection Checklis		Photos																																																								
Tools & Equipment (Electric, Pneumatic, Hydraulic or Internal Combustion)																																																										
Asset # <u>1216040</u>																																																										
General Information: *** Copy Data Plate information in this section *** Type of Tool: <u>ROAD SAW</u> Make/ Model: <u>FS400 LV</u> Year: <u>2018</u> Serial Number: <u>20184200139</u> Engine / Motor - Make / Model: <u>HONDA</u> Engine Serial Number: _____ Meter Reading: _____		<input type="checkbox"/> Data Plate																																																								
Comments:																																																										
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 _____		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																																																								
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Engine or Electric Motor: 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did it need to be jumped? <input checked="" type="checkbox"/> Yes <input 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>NO HEIGHT ADJUSTMENT</u>		<input type="checkbox"/> Right Side <input type="checkbox"/> Left Side																																																								
Hydraulics <table style="width:100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">Operates</td> <td style="width: 30%;"></td> <td style="text-align: center;">Leaks</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</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> </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> </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> </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> </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> </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> </tr> </table> Comments: _____			Operates		Leaks			Yes	No	Yes	No	Pump	<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"/>	Cylinders	<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"/>	Brakes	<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"/> Pump <input type="checkbox"/> Cylinders <input type="checkbox"/> Drive Motor <input type="checkbox"/> Damage <input type="checkbox"/> Damage <input type="checkbox"/> Damage																
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Wiring & Lights <table style="width:100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">Damaged</td> <td style="width: 30%;"></td> <td style="width: 30%;"></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>_____</td> </tr> <tr> <td>Lights</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> </table> Comments: _____			Damaged				Yes	No		Wiring	<input type="checkbox"/>	<input type="checkbox"/>	_____	Lights	<input type="checkbox"/>	<input type="checkbox"/>	_____																																									
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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																																								
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