

Heavy Equipment Inspection Form

Inventory ID:	Asset Number	Fair Market Value:
Short Description:		
Year _____	Manufacturer <u>Amhoist Bros</u>	Model <u>SP3000-4000</u>
Long Description: Equipment Serial # <u>1829</u> [Required for all Marketing]		
This Equipment: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Is Operable <input type="checkbox"/> Is not operable <input type="checkbox"/> For Parts Only		
Engine: <u>L, V</u> <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel engine Engine: <input checked="" type="checkbox"/> Hours <u>N/A</u> <input type="checkbox"/> Miles _____		
This vehicle was maintained every _____ <input type="checkbox"/> Hours		
Engine Manufacture: <u>John Deere</u> Condition: <input checked="" type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition		
Engine Repairs needed: <u>N/A</u>		
Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed Transmission: <input checked="" type="checkbox"/> Hours <u>N/A</u> <input type="checkbox"/> Miles _____		
Transmission Manufacture: _____ Condition: <input checked="" type="checkbox"/> Is Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown		
Transmission Repairs Needed: <u>N/A</u>		
Drivetrain: <input type="checkbox"/> 2WD <input type="checkbox"/> 4WD <input type="checkbox"/> AWD Condition: <u>brakes weak</u>		
Date Removed From Service: <u>currently in service</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection		
Exterior: Color <u>Yellow</u> Windows: <input type="checkbox"/> No cracked glass <input type="checkbox"/> Cracked _____		
Minor <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <input type="checkbox"/> Low <input type="checkbox"/> Flat _____		
Damage to: _____		
Additional Damage to: _____		
# Of Wheels <u>9</u> # Of Axles _____ # Of Tracks _____		
Dimensions: _____		
Decals: <input type="checkbox"/> None <input type="checkbox"/> Have been sprayed <input type="checkbox"/> Have been removed <input type="checkbox"/> Impressions remain <input type="checkbox"/> No impressions		
Interior: _____		
Damage to Seats: _____		
Damage to Dash/ _____		
Radio: Brand _____ FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD		
<input type="checkbox"/> Cruise Control <input type="checkbox"/> No AC Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown		
Additional Equip _____ Model _____		
Serial # _____ <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition		
Description: <u>Roller</u>		
<u>Model SP3000</u>		
Location of Asset _____		
For more information contact: _____		

September 18, 2017
(Exhibit #6)