

Coates Inspection Checklist																																																																																							
Air Compressors																																																																																							
<b>See Air Compressor Photo Log for required pictures</b>						<b>Asset #</b> 1086339																																																																																	
<b>General Information:</b> *** Copy Data Plate information in this section *** <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make/ Model    XAS185  Year            2011  Serial Number   APP193816 </div> <div style="width: 45%;"> Engine / Motor - Make / Model _____  Engine Serial Number            _____  Meter Reading                      2243 </div> </div>						<input type="checkbox"/> Data Plate																																																																																	
Comments:																																																																																							
<b>Features:</b> <div style="text-align: center; margin-top: 10px;"> List features or options for the machine:   Air Pressure Range            185                      Frame Mount   <input type="checkbox"/>            Trailer Mount   <input checked="" type="checkbox"/>  Air C.F.M. Rating                110 </div>						<b>4-Corner Photos</b> <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																																																																																	
<b>Overall Appearance:</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Good</th> <th style="text-align: center;">Fair</th> <th style="text-align: center;">Poor</th> <th></th> </tr> </thead> <tbody> <tr> <td>Control Station\Operator Station</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>_____</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> <td>_____</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> <td>_____</td> </tr> <tr> <td>Lights</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>_____</td> </tr> </tbody> </table>							Good	Fair	Poor		Control Station\Operator Station	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	_____	Lights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____																																																									
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<b>Engine or Electric Motor:</b> Power:            Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Does it start?            <input checked="" type="checkbox"/>            <input type="checkbox"/>  Did it need to be jumped?   <input checked="" type="checkbox"/>            <input checked="" type="checkbox"/>  Acceptable Power            <input checked="" type="checkbox"/>            <input type="checkbox"/>  Unusual Noises                <input type="checkbox"/>                <input checked="" type="checkbox"/> </div> <div style="width: 45%;"> Comments: _____  _____  _____ </div> </div>						<input type="checkbox"/> Right Side hood open <input type="checkbox"/> Left Side hood open																																																																																	
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<b>Tire Condition:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <b>Left</b>  Brand- _____  Size- _____  Condition- _____  <div style="text-align: center;">Fair</div> </div> <div style="width: 45%;"> <b>Right</b>  Brand- _____  Size- _____  Condition- _____  <div style="text-align: center;">Fair</div> </div> </div>						Tire pictures at a 45 degree angle showing the tread and side walls  <input type="checkbox"/> Left <input type="checkbox"/> Right																																																																																	