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10 D. Arellano Street, Caloocan City



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MACHINE CHECKLIST

Date: ____/____/____ Time: ____ AM () PM ()

Customer Name: _____

Customer Address: _____

FOR PICK-UP/DELIVERY

Driver Name: _____ Vehicle: _____ Plate: _____

Machine Information

Name: _____ Model: _____ Serial No. _____

Checking Points:

- | | |
|---------|----------|
| 1 _____ | 6 _____ |
| 2 _____ | 7 _____ |
| 3 _____ | 8 _____ |
| 4 _____ | 9 _____ |
| 5 _____ | 10 _____ |

Remarks

Signed

Signed: _____

Date: _____

Checked By: _____

Date: _____

Noted By: _____

Date: _____

Confirmed By: _____

Acknowledgement

Received the above mentioned machinery in good conditions, working, and complete.

Received By: _____

Date: _____