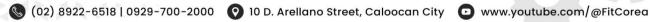




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TRACTOR CHECKLIST

	/	/ Time:		AM	()	PM	
Customer Name:							
Customer Address:							
FOR PICK-UP/DEI	LIVERY						
Driver Name:		Vehicle	:		_ Plate:		
ACTOR INFORMATION							
Model:	Serial No:		Engine No:	I	Hrs Readin	g:	
Coolant Level:		Engine Oil Level	:	Hydraulic Oil Level:			
LIGHTS							
Hoadlight:							
Park Light & Signal			_				
			_ Ho	orn:			
Front Weight:		Linkages:		Pins & Bolts:	:		
Seat Belt:		Steering Wheel:		PTO:			
Brake:		Controls:					
Tire Pressure:		Aircon:		Windows:	·		
		Change Gear:	-				
Canopy:	Rops:		Tools:		Manual:		
					_		
Implements:							
[Please make separate							
REMARKS							
KEIVII IIKKS							
SIGNED:							
Checked By:			Da	ate:			
Noted By:				ate:			
Confirmed By:				ate:			
				·			
Acknowledgement							
Acknowledgement Received the above mer	ntioned machir	neru in aood cond	litions, workina.	and complete.			
Acknowledgement Received the above mer	ntioned machir	nery in good conc	litions, working,	and complete.			
	ntioned machir	nery in good cond	litions, working,	and complete.			