

Lessee Name		Contact Name	
Street		Phone Number	
City	State	Zip Code	

### Equipment Specifications

Make	Yale		Model	MP E002FN24		Year	2014		Serial Number	C896A03045W		Hour Meter Reading	559	
Mast	2 Stage	3 Stage	4 Stage	Raised Height	Lowered Height	Free Lift	Mast Tilt		Degrees Forward		Degrees Back			
Carriage	Size	Type	Sideshift	Size	Type	Hydraulic Control Valve		2 Function	3 Function	4 Function	5 Function			
Forks	Length	Width	Fork Type	Directional Control		Monotrol	Lever	Transmission Type						
Fuel	Gas	LP Gas	Electric	Diesel	Dual Fuel	CNG	Voltage (if electric)		24 Volt	36 Volt	48 Volt			
Tread	Standard	Wide	Duals	Tires		Cushion	Pneumatic	Solid Pneumatic	Engine		Mazda	GM	Perkins	Cummins
Battery (if applicable)	ENERGY S E90		Make	Model		Serial Number		Voltage		24				
Charger (if applicable)	NO		Make	Model		Serial Number		Voltage		Phase				
Attachment (if applicable)			Make	Model		Serial Number								

### Equipment Condition

Engine	Runs <input type="checkbox"/> Yes <input type="checkbox"/> No	Noisy <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoking <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Light <input type="checkbox"/> Heavy	Control System	Good <input checked="" type="checkbox"/>	Other/Comments			
Transmission	Good <input checked="" type="checkbox"/>	Other/Comments			Steer Pump & Motor	Good <input checked="" type="checkbox"/>	Inoperative	Noisy	Other
Steering	Good <input checked="" type="checkbox"/>	Other/Comments			Hyd. Pump & Motor	Good <input checked="" type="checkbox"/>	Inoperative	Noisy	Other
Hyd. Pump	Good <input checked="" type="checkbox"/>	Other/Comments			Battery	Good <input checked="" type="checkbox"/>	Other/Comments		
Radiator	Good	Other/Comments			Charger	Good	Other/Comments		
Mast	Good	Other/Comments			Overhead Guard	Good	Other/Comments		
Carriage	Good	Other/Comments			Load Backrest	Good	Other/Comments		
Forks	Good <input checked="" type="checkbox"/>	Other/Comments			Sheet Metal	Good	Other/Comments		
Lift Cylinder	Good <input checked="" type="checkbox"/>	Other/Comments			Seat	Good	Other/Comments		
Tilt Cylinder	Good	Other/Comments			General Appearance	Excellent	Good <input checked="" type="checkbox"/>	Fair	Poor
Brakes	Good <input checked="" type="checkbox"/>	Other/Comments			Paint	Excellent	Good	Fair <input checked="" type="checkbox"/>	Poor
Steer Axle	Good	Other/Comments			Missing Parts (Please detail)				
Tires	Good <input checked="" type="checkbox"/>	Chunked	% Rem. Drive	% Rem. Steer					
Load Wheels (if applicable)	Good <input checked="" type="checkbox"/>	Other/Comments							
Attachment	Good	Other/Comments							

### General Comments

Drive Motor	Runs <input type="checkbox"/> Yes <input type="checkbox"/> No	Noisy <input type="checkbox"/> Yes <input type="checkbox"/> No	Other/Comments

Inspection Completed By (Company Name)		Pape' MH		
Inspector Name	A. Gaston		Phone Number	906-855-7947
I certify that the information contained herein is correct				
Signature of Inspector	[Signature]		Date of Inspection	9/26/2023