



VALUATION/CONDITION REPORT:INDUSTRIAL EQUIPMENT

Inspector Information:

Date:	
Inspected By:	
Job Title:	
Address:	
City/State/Zip:	
Phone:	

Equipment Information:

Year:	
Make:	
Model:	
Serial #:	
Hours:	
Engine Size:	
Engine Type:	<input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Electric/Other
Full Description:	

Component Condition Information:

	Good	Fair	Poor	Explanation or List N/A
ENGINE				
GEARS				
ELECTRICAL				
TOOLING				
CONTROL PANEL				
BODY				
PAINT				
OVERALL				

Additional Information:

Options	
Maintenance Record/Dates	
Market Value	
Quick Sale Price	
Comments:	

Signature: _____ **Date:** _____