

**EQUIPMENT DELIVERY/PICK-UP CHAIN OF CUSTODY & CONDITION REPORT**

**A form will be completed each time the equipment is moved from one location to another**

Delivery Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time:\_\_\_\_\_:\_\_\_\_\_ □AM □PM Delivery Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pick-up Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time:\_\_\_\_\_:\_\_\_\_\_ □AM □PM Pick-Up Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment ID No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Equipment Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serial No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DAMAGE DIAGRAMS** | | | | | | |
| **DELIVERY** | | |  | **PICK-UP** | | |
| **FRONT & RIGHT SIDE** | | | **FRONT & RIGHT SIDE** | | |
|  | | |  | | |
| **REAR & LEFT SIDE** | | | **REAR & LEFT SIDE** | | |
|  | | |  | | |
| **DELIVERY INSPECTION** | **OK** | **DAMAGED/**  **MISSING** | **PICK-UP INSPECTION** | **OK** | **DAMAGED/**  **MISSING** |
| STRUCTURE & COMPONENTS SECURE & UNDAMAGED |  |  | STRUCTURE & COMPONENTS SECURE & UNDAMAGED |  |  |
| TIRE/TRACK CONDITION |  |  | TIRE/TRACK CONDITION |  |  |
| ALL FUNCTIONS OPERATE PROPERLY |  |  | ALL FUNCTIONS OPERATE PROPERLY |  |  |
| SAFETY DEVICES INTACT AND FUNCTIONAL |  |  | SAFETY DEVICES INTACT AND FUNCTIONAL |  |  |
| FLUID LEVELS CHECKED |  |  | FLUID LEVELS CHECKED |  |  |
| NO LEAKS FOUND |  |  | NO LEAKS FOUND |  |  |
| BATTERY CHARGED / EQUIPMENT FUELED |  |  | BATTERY CHARGED / EQUIPMENT FUELED |  |  |
| KEYS RECEIVED |  |  | KEYS RECEIVED |  |  |
| ATTACHMENTS (TYPE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  | ATTACHMENTS  (TYPE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |
| **DELIVERY COMMENTS:** | | | **PICK-UP COMMENTS:** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| **INSPECTED AT DELIVERY AND CONDITION DOCUMENTED ABOVE:** | | | **INSPECTED AT PICK-UP AND CONDITION DOCUMENTED ABOVE:** | | |
| DELIVERY DRIVER SIGNATURE | | | PICK-UP DRIVER SIGNATURE | | |
| HOUR METER READING AT DELIVERY | DATE | | HOUR METER READING AT PICK-UP | DATE | |
| **RECEIVER’S ACKNOWLEDGEMENT: *THE SAFETY AND PERFORMANCE OF THIS EQUIPMENT HAS BEEN VERIFIED. I AM RESPONSIBLE FOR ROUTINE SERVICE AND CLENAING AS USER OF THIS EQUIPMENT, I UNDERSTAND THE CORRECT OPERATION AND FUNCTION OF THE CONTROLS AND CONFIRM THAT I HAVE RECEIVED ADEQUATE INSTRUCTION, AND ACKNOWLEDGE THE SAFETY SHEET TO ENABLE MYSELF AND/OR MY CREW TO USE THE EQUIPMENT IN A SAFE AND PROPER MANNER WITH OUT RISK OF INJUSRY AND/OR DAMAGE TO THE EQUIPMENT.*** | | | | | | |
| PERSON RECEIVING EQUIPMENT SIGNATURE | DATE | |  | PERSON SENDING EQUIPMENT SIGNATURE | DATE | |

Send forms to: [equipment@medve.com](mailto:equipment@medve.com)