

**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.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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