

# Weekly Property Report on TMG-C Equipment

Inspection Date: \_\_\_/\_\_\_/\_\_\_ Inspection Time: \_\_\_:\_\_\_ AM PM Property No: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Type of Equipment Inspected: \_\_\_\_\_

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

Gas or Electric Hours: \_\_\_\_\_ Miles: \_\_\_\_\_ Next Service Due: \_\_\_/\_\_\_/\_\_\_

Note any visable damages (must send pictures with report)/leaks: \_\_\_\_\_

Fluids	Full	Low*	N/A	*Added	Amount	Quarts	Gallons	Fluid Type Added
OIL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
POWER STEERING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
HYDRAULIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
COOLANT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
WINDSHIELD WASHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
TRANSMISSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
BRAKE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
FUEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Where is the equipment being stored? \_\_\_\_\_

Is the equipment under video surveillance? YES NO Is the equipment secure? YES NO

If no to either above, explain: \_\_\_\_\_

Are there any open issues/work orders for this equipment? YES NO If yes, please list: \_\_\_\_\_

Was the equipment used this week? YES NO

List project(s) that the equipment was used for this week: \_\_\_\_\_

Does your property have a continued need for this piece of equipment? YES NO

If yes, what project(s) will it be used for? \_\_\_\_\_

If no, what date can it be picked up? \_\_\_/\_\_\_/\_\_\_

By signing below, I acknowledge that the information provided on this report is accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Email to [equipment@medve.com](mailto:equipment@medve.com)**