



fitcorea@gmail.com
 +63-929-700-2000
 02-8922- 6518
 10 D. Arellano Street,
 Caloocan City



www.facebook.com/FitCoreaOfficialPage
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FIT-

TRACTOR CHECKLIST

Date: _____ / _____ / _____ Time: _____: _____ AM [] PM []

Customer Name: _____

Customer Address: _____

FOR PICK-UP/DELIVERY

Driver Name: _____ Vehicle: _____ Plate: _____

TRACTOR INFORMATION

Model: _____ Serial No. _____ Engine No: _____ Hour Reading: _____

Coolant Level: _____ Engine oil level: _____ Hydraulic oil Level _____

Lights

Headlight: _____

Parking light and signal lights: _____ Horn: _____

Front Weight: _____ Linkages: _____ Pins and bolts: _____

Seat belt: _____ Steering wheel: _____ PTO: _____

Brake: _____ Controls: _____

Tire pressure: _____ Aircon: _____ Windows: _____

Four-wheel drive: _____ Change gear: _____

Canopy _____ ROPS _____ Tools _____ Manual: _____

Implements: _____

[Please make separate check list]

Remarks

Signed:

Checked by: _____

Date: _____

Noted by: _____

Date: _____

Confirmed by [for release] _____

Date: _____

Acknowledgment

Received the above mentioned machinery in good conditions, working, and complete.

Received by: _____

Date: _____