

Tractor (L / Grand L, TLB Series) – Product Delivery Inspection Receipt

Tractor Model: _____ Serial Number: _____

ROPS/CAB S/N: _____ Engine Serial Number: _____

DEALER INSPECTION
 Mark with "N/A" when Not Applicable

<p>1. General Condition</p> <p><input type="checkbox"/> Machine is clean, free of scratches/dents</p> <p><input type="checkbox"/> Safety/Operational decals in place/legible/good condition</p> <p><input type="checkbox"/> All guards in place</p> <p><input type="checkbox"/> Equipped with 'Slow Moving' sign</p> <p><input type="checkbox"/> Seat belt, toolbox (if equipped)</p> <p><input type="checkbox"/> Tire Pressure (LF _____ RF _____ LR _____ RR _____)</p> <p><input type="checkbox"/> ROPS/Cab, roof, windshield, wiper assembly (if equipped)</p> <p><input type="checkbox"/> Check all grease/lube points for proper lubrication</p> <p><input type="checkbox"/> Wheel mounting bolts, nuts properly torqued</p> <p><input type="checkbox"/> Check for applicable Campaigns</p> <p>2. Fluids and Engine Accessory Checks (These checks must be conducted prior to starting the engine)</p> <p><input type="checkbox"/> Engine oil level and Fuel level within acceptable range</p> <p><input type="checkbox"/> Coolant/Anti-freeze level (Record degrees: _____)</p> <p><input type="checkbox"/> Transmission/hydraulic oil level within acceptable range</p> <p><input type="checkbox"/> All filters installed and properly tightened</p> <p><input type="checkbox"/> All drain plugs properly torqued</p> <p><input type="checkbox"/> Battery cables tight and battery fully charged</p> <p><input type="checkbox"/> Front Axle fluid (4WD – if applicable)</p> <p><input type="checkbox"/> Radiator net/screen (if equipped)</p> <p><input type="checkbox"/> Alternator, fan, A/C belt tension (if equipped)</p> <p>3. Engine and Startup Checks</p> <p><input type="checkbox"/> Glow plug operation (if applicable)</p> <p><input type="checkbox"/> Start safety switches</p> <p><input type="checkbox"/> Engine starting,</p> <p><input type="checkbox"/> Engine RPM (Record: Idle _____ High _____)</p> <p><input type="checkbox"/> Parking brake operation</p> <p><input type="checkbox"/> All operator compartment controls</p> <p><input type="checkbox"/> HST pedal operation and adjustment (if applicable)</p> <p><input type="checkbox"/> Accelerator pedal operation and adjustment (if applicable)</p>	<p>4. Gauges, Indicators, Lights</p> <p><input type="checkbox"/> Engine oil pressure gauge/indicator</p> <p><input type="checkbox"/> Coolant temperature gauge/indicator</p> <p><input type="checkbox"/> Hour meter (Record hours: _____)</p> <p><input type="checkbox"/> Tachometer</p> <p><input type="checkbox"/> Battery/charging light</p> <p><input type="checkbox"/> Fuel level gauge/indicator</p> <p><input type="checkbox"/> Air cleaner light (if equipped)</p> <p><input type="checkbox"/> Horn operation</p> <p><input type="checkbox"/> Back-up alarm operation (if equipped)</p> <p><input type="checkbox"/> All lights</p> <p><input type="checkbox"/> Meter panel lamps and operation (if equipped)</p> <p>5. Operation</p> <p><input type="checkbox"/> Clutch and brake operation and free play</p> <p><input type="checkbox"/> PTO operation and performance (if applicable)</p> <p><input type="checkbox"/> All hydraulic functions and operations</p> <p><input type="checkbox"/> All hydraulic lines/fittings routing/free of leaks</p> <p><input type="checkbox"/> Free of oil , water, fuel leaks</p> <p><input type="checkbox"/> Check Transmission modes and programming (if applicable)</p> <p><input type="checkbox"/> HST/GST/DT operation and performance</p> <p><input type="checkbox"/> Transmission (all speeds)</p> <p><input type="checkbox"/> Power steering/steering operation</p> <p><input type="checkbox"/> 4WD Operation (if equipped)</p> <p><input type="checkbox"/> A/C, heating operation (if equipped)</p> <p><input type="checkbox"/> 3-point hitch mounting, hardware and operation</p> <p><input type="checkbox"/> All Safety Switch adjustment and operation</p> <p><input type="checkbox"/> Clutch is disengaged and locked into the storage position if long term storage is anticipated (if applicable, dry clutch only)</p> <p>6. Attachments and Special Features</p> <p><input type="checkbox"/> All attachments properly secured/tightened/operated</p>
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I hereby certify that all the items on this form have been checked, and if necessary, corrected, for proper operation.

Dealer Signature: _____ Date: _____

NOTE: This document must be retained in Dealership Files for Future Reference.