



TRACKMOBILE®

MOBILE RAILCAR MOVERS

1602 Executive Drive
LaGrange, GA 30240 USA

Current Date

RECEIVING FORM (SD200)

Distributor _____ Model _____

City _____ State _____ SN _____

Hour Meter Reading When Received _____ Date Received _____

Means O.K. Plus Means N.A. Blank Means Explanation Below

- 1-A Damage or Shortage in Shipment (Any Claims Must Be Filled With Carrier)
- B Optional Equipment / Accessories Received As Ordered
- C Manuals Received
- D Ignition Keys Received

CHECK FLUID LEVELS:

- | | | |
|---|---|---|
| 2-A <input type="checkbox"/> Engine | D <input type="checkbox"/> Battery | G <input type="checkbox"/> Differential & Planetary |
| B <input type="checkbox"/> Radiator | E <input type="checkbox"/> Transmission | H <input type="checkbox"/> Fuel |
| C <input type="checkbox"/> Hyd. Reservoir | F <input type="checkbox"/> Railwheel Dr. Gearcase | I <input type="checkbox"/> Master Cylinder |

CHECK FOR LEAKAGE:

- | | | |
|---|---|---|
| 3-A <input type="checkbox"/> Engine | D <input type="checkbox"/> Fuel System | G <input type="checkbox"/> Hyd. Cylinders |
| B <input type="checkbox"/> Cooling System | E <input type="checkbox"/> Transmission / Conv. | H <input type="checkbox"/> Air System |
| C <input type="checkbox"/> Hyd. System | F <input type="checkbox"/> Axles | |

CONTROLS AND MACHINE FUNCTIONS AT NORMAL OPERATING TEMPERATURES:

- | | | |
|---|--|--|
| 4-A <input type="checkbox"/> Gauges and Inst. | D <input type="checkbox"/> Steering | G <input type="checkbox"/> Coupler(s) |
| B <input type="checkbox"/> Forward / Reverse | E <input type="checkbox"/> Transmission | H <input type="checkbox"/> Parking Brake |
| C <input type="checkbox"/> Throttle | F <input type="checkbox"/> Elec. System (Lights, Etc.) | I <input type="checkbox"/> Road / Rail Brake |

GENERAL MACHINE CONDITION:

- | | | |
|--|--|---|
| 5-A <input type="checkbox"/> Paint | C <input type="checkbox"/> Cab Interior | E <input type="checkbox"/> Optional Equipment |
| B <input type="checkbox"/> Fasteners Tight | D <input type="checkbox"/> Decals / Inst. Plates | |

COMMENTS: (Describe Any Discrepancies Found By Specific Location And Part Number

Machine Inspected By _____ Date Inspected _____

email _____

This Report Must Be Returned Within 10 Days Of Receipt Of Machine