



TRACKMOBILE®

MOBILE RAILCAR MOVERS

1602 Executive Drive
LaGrange, GA 30240 USA

Current Date

DELIVERY FORM SD201

Distributor _____ Customer _____

Address _____ Address _____

City _____ State City _____ State/County _____

Status of Machine Sold _____ Rental _____ Demo _____

Machine Model _____ Serial No. _____ Date Delivered _____

Engine Model _____ Serial No. _____ Hours When Delivered _____

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

PRE-DELIVERY SERVICE CHECKS:

- | | | |
|--|--|--|
| 1-A <input type="checkbox"/> Fan & Alt. Belts | H <input type="checkbox"/> Steering (Operation) | O <input type="checkbox"/> Lights and B.U. Alarm |
| B <input type="checkbox"/> Fuel System (Leaks) | I <input type="checkbox"/> Hyd. System (Leaks) | P <input type="checkbox"/> Max. Eng. No Load RPM |
| C <input type="checkbox"/> Air Cleaner and Connections | J <input type="checkbox"/> Hyd. Pressure | Q <input type="checkbox"/> Fasteners (Nut-Bolts) |
| D <input type="checkbox"/> Brake Adjustment | K <input type="checkbox"/> Air System (Leaks) | R <input type="checkbox"/> Damage or Shortages |
| E <input type="checkbox"/> Roadwheel Lug Nuts | L <input type="checkbox"/> Air Pressure | S <input type="checkbox"/> Paint and Decals |
| F <input type="checkbox"/> Tire Pressure | M <input type="checkbox"/> Train Air Brakes | T <input type="checkbox"/> Machine Manuals |
| G <input type="checkbox"/> Lubrication of Machine | N <input type="checkbox"/> Eng. Shutdown Control | |

EXPLAINED TO USER / OWNER

- | | |
|--|--|
| 2-A <input type="checkbox"/> Service Facilities of Distributor | G <input type="checkbox"/> Intended Use and Application of Machine |
| B <input type="checkbox"/> Warranty Certificate | H <input type="checkbox"/> Brake Adjustment Procedure |
| C <input type="checkbox"/> Complete Operation of Machine | I <input type="checkbox"/> Machine Lubrication |
| D <input type="checkbox"/> Safe Operating Practices | J <input type="checkbox"/> Importance of Correct Maintenance |
| E <input type="checkbox"/> Train Air Brakes | K <input type="checkbox"/> Coupler Use |
| F <input type="checkbox"/> Use of Manuals | L <input type="checkbox"/> Location of Serial Number(s) |

COMMENTS

Distributor Service Representative Name

Date

User / Owner Name

Complete This Portion When Machine Is Used For Demonstration

Date Returned From Demo _____ Hourmeter Reading _____ Your email _____

Submission Of This Report Required Within 30 Days Of Delivery For Warranty Validation