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Excavator - Excavator 1000 Hours Service Checklist

Inspection Details

Report #: _____

Location: _____

Inspection Date: _____

Inspector Name: _____

Vehicle Details

Vehicle # : _____

Vehicle Category : _____

Vehicle Name : _____

VIN #: _____

Meter Reading: _____

Model/Year: _____

Maintenance Service

SN	Inspection Item	Note	Good	Repair	Replace	NA
1	Coolant filter Replace if equipped		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Air dryer Inspect if equipped		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Rollover protective structure (ROPS) Inspect		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Note

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Overall Condition: _____
Vehicle Safe to Use: _____
Maintenance Priority: _____
Deployed: _____

Signature



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