

JLG / GRADALL / SKYTRAK / LULL Material Handler

Returned Machine Inspection Form

Check each item below. (Refer to Operators & Safety, Service & Maintenance Manuals for specific information regarding inspection procedures and criteria) Indicate in the appropriate space as each item has been performed. If the item is found to be not acceptable, describe each discrepancy in the comments space at the bottom of the form. Use addition paper if necessary. Immediate action must be taken to correct all discrepancies.

Model: _____ Serial Number: _____

Hourmeter: _____

POWER UNIT		Y	N	N/A
1.	Engine oil and coolant levels correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Transmission operates correctly, transmission fluid correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Engine air filter clean and secure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Check air intake connection to engine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Engine R.P.M. correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Radiator, oil cooler clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Fuel, oil filters secure and not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	All gauges operate properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Hourmeter operates properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVE TRAIN				
1.	Differential lube level correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Plantary drive hub lube levels correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Wheel lugs torqued to specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Mirror clean and adjusted properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Tire pressure correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Steering and wheel stops correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Seat belt in good condition and catches properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	All guards and sheet metal installed and in good working condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Service brakes operates correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Park brake operates correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Backup alarm and lockout systems (if applicable) operates properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYDRAULIC SYSTEMS				
1.	Hydraulic oil level is correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Hydraulic filter clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HYDRAULIC SYSTEMS (continued)		Y	N	N/A
3.	Reservoir air breather clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Control levers and linkage free, and return to normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	All circuits operate properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	All relief valve pressures correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Hoses aligned and not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Cylinder rod packing not leaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Boom hoses adjusted properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Inching control operates properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOOM CHECK POINTS				
1.	Boom sections properly shimmed and lubricated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Extension and retraction cables/chains properly adjusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Quick switch linkage, free and operates properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Attachments fit quick switch and operate properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Complete machine lubricated per lube chart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL EQUIPMENT (see purchase order)				
1.	Operates properly (If NO, explain in comments area below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SAFETY AND OPERATOR'S MANUAL, DECALS				
1.	Manuals with machine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	All decals installed and legible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Inspector's name:	Inspector's Clock No:	Inspection Date:	
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Complete this inspection within two working days of notification of the return of a machine at one of JLG's manufacturing facilities. A qualified technician shall complete this form electronically and forward it, along with the respective Equipment Return Information Form, QC 741, to Distribution List.