

## **QUALITY**

## CONDITION REPORT

Operator

Make	Model			Serial #	Equip #
MARK CLEARLY ALL DAMAGE BY SYMBOL "C"=CUT "H"=HOLE "D"=DENT "P"=PAINT DAMAGE					
RENTAL OUT - Diagram & Identify any existing damages or strike-out box RENTAL IN - Diagram & Identify any damages upon return					
Inspection: Check if acceptable in accorda	nce with Company spec	OUT	IN	Comments - IN (if damaged, provide	de details of occurence)
Structure and components secure and unc	lamaged				
All functions operate properly					
Safety devices intact and functional					
Operational and safety decals present and	legible				
Batteries charged					
Electrical cord/plug					
Containment tank  Qty pumps:					
Appearance Acceptable - note and mark e	xceptions in diagram				
Fire extinguisher Qty:					
First Aid					
AED					
Towable equipment-Record license plate of towing vehicle:					
Comments - OUT ( list additional equipment )					
Inspected and condtion OUT confirmed as specified above:				Inspected and condition IN confirm	ned as specified above:
Compliance Services by	oliance Services by Print Name			Compliance Services by	Print Name
Date	Date Delivered			Date	Date Received
CUSTOMER ACKNOWLEDGEMENT: THE SAFETY AND PERFORMANCE OF THIS EQUIPMENT HAS BEEN VERIFIED. AS USER OF THIS EQUIPMENT, I UNDERSTAND THE CORRECT OPERATION AND FUNCTION OF THE CONTROLS AND CONFIRM THAT I HAVE RECEIVED ADEQUATE INSTRUCTION AND HAVE ADHERED TO THE SAFETY SHEET, THUS ENABLING MYSELF AND/OR MY CREW TO USE THE EQUIPMENT IN A SAFE AND PROPER MANNER WITHOUT RISK OF INJURY.					
Customer by				Customer by	
Print Name Date				Print Name	Date