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FIELD SERVICE INSPECTION REPORT

JOB No.	FLEET No.	ORDER No.
SERVICEMAN: George Robson		
CUSTOMER:		
ADDRESS:		
SITE CONTACT:		
PHONE:		

MACHINE DETAILS

MAKE:	MODEL:	SERIAL NO:	HOURS:
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REPORT

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DAY	DATE	TOTAL HOURS	VAN KM
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

	ENGINE OIL	
	TRANS OIL	
	HYDR AU OIL	
	OTHER	
	BRAKE FLUID	
	GREASE	
	TERMINALS	
	SEALANTS	
	CLEAN FLUID	
	NUTS/BOLTS	

FURTHER WORK REQUIRED / REMARKS

CLIENT'S SIGNATURE _____

SERVICEMANS SIGNATURE:

CLIENT'S NAME _____

SERVICEMANS NAME: George Robson

DATE _____

DATE: 24 / 04 / 24

I ACKNOWLEDGE THAT ABOVE WORK HAS BEEN SATISFACTORILY COMPLETED IN ACCORDANCE WITH MY INSTRUCTIONS. I AGREE THAT THE LABOUR AND PARTS SHOWN ABOVE ARE CHARGEABLE AND THAT IN THE ABSENCE OF ANY ORDER NUMBER THE PARTS AND LABOUR WILL BE INVOICED.