



FleetSmart Survey Sheet

(Per Truck Survey)

Customer: _____ Location: _____

Unit Number: _____ Department(s): _____

Make: _____ Model: _____

Truck S/N: _____ Truck Type: _____

(i.e. sit down electric, orderpicker, walkie, etc.)

Power: Electric () Gas () LPG () Diesel () Other: _____

Tires: Cushion () Pneumatic () **Capacity Rating:** _____ lbs.

Attachments: Sideshift () Rotator () Carton Clamp () Fork Positioner () Roll Clamp () Other _____

Mast/Upright: 2 Stage () 3 Stage () 4 Stage () Other _____

Please note any special or unique specifications for this Unit: _____

Unit in Service Date: _____ Unit Is: Owned () Leased () Rented ()

If leased: Lease Term _____ months Expiration Date ____/____/____ Monthly Payment \$ _____

If rented: How long? _____ Monthly Payment \$ _____

Hour Meter Reading (#1): _____ Date: _____ Hour Meter Reading (#2): _____ Date: _____

If Hour Meter Reading is Not Available Estimated Hours Usage per Month: _____

Life to Date Hours* (LTD): _____ * Please provide best estimate if actual LTD hours are not available.

Required Unit Availability:

Hours per Shift: _____ Shifts per Day: _____ Days per Week: _____ Weeks per Year: _____

General overall condition of Unit: (Check best description) Poor () Fair () Average () Good () Excellent ()

Has this truck had a major overhaul in the last 12 months? Yes () No () Estimated Cost: \$ _____

Please explain: _____

Does this Unit currently require any major repairs? Yes () No () Estimated Cost \$ _____

Please explain: _____

Could this Unit be eliminated from the customer's fleet? Yes () No ()

Should this Unit be replaced? Yes () No () If yes, please provide replacement model: _____

Operating Area: Inside ____% Outside ____% **Seasonal Use:** Yes () No () Explain: _____

Operating Conditions – Check if applicable

Clean () Dry () Corrosive () Dust () Fibrous () Abrasive () Wet () Freezer () Other _____

Operating Surface – Check if applicable

Concrete () Dirt () Cracked/Broken () Potholes () Smooth () Uneven () RR Tracks () Other _____

Maintenance: Internal () Third Party () **PM Program:** Yes () No ()

Completed By: _____ Date Completed: _____