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: _____