

Basic Equipment Inspection Sheet

Agency Name: _____ Inspection completed by: _____

Serial Number/Agency Assigned Number: _____ Date of Inspection: _____

Equipment Description of Equipment: _____

Equipment Current Condition: _____

- *List any issues with this item if condition is below satisfactory condition:*

List the Estimated Year of Replacement for this piece of Equipment: _____

Equipment Current Location: _____

Is this equipment listed on the Agency's equipment list? _____

Equipment was last Serviced (Date): _____

Has the equipment been repaired since the last equipment inspection submitted? _____

- *If yes, please attach the repair receipt or a description of the repair work.*

Has the equipment been out of service since the last equipment inspection submitted? _____

- *If yes, listed the beginning and ending dates out of service?*

Equipment is controlled by (Staff Name): _____

List any other information/comments about the Equipment.

**This inspection is for contract compliance only and does not certify safety conditions of the equipment.
The safety condition of the equipment is the responsibility of the Agency.**

TDOT Multimodal Division Staff

Date Inspection reviewed by Multimodal Staff: _____

Review by: _____