Allied Systems COMPANY
21433 SW OREGON STREET
SHERWOOD, OREGON 97140 USA
PHONE 503 / 625-2560 FAX 503 / 625-7616

WAGNER DELIVERY REPORT

RETURN COPY TO:
Allied Systems Company
21433 Oregon Street
Sherwood, OR 97140 USA
Attn: Service Manager

UNIT MODEL	SERIAL NO.	DEALER
DATE CHECKED	SERVICE METER HOURS	CHECKED BY

DEALER DELIVERY CHECKLIST

1. CHECK FLUID LEVELS: ☐ ENGINE ☐ FUEL TANK ☐ DIFFERENTIALS ☐ PLANETARIES ☐ BRAKES ☐ WINCH ☐ TRANSMISSION ☐ _____
2. CHECK HYDRAULIC SYSTEM: ☐ OIL LEVEL ☐ HOSES ☐ FITTINGS
3. CHECK COOLING SYSTEM: ☐ WATER ☐ ANTI-FREEZE ☐ CONNECTIONS
4. CHECK BATTERY: ☐ CABLES & CONNECTIONS ☐ SPEC. GRAVITY _____
5. CHECK ALL WHEEL LUG NUTS: ☐ TORQUE LB/FT (N.m) _____
6. CHECK TIRES: ☐ AIR ONLY ☐ HYDROFLATED PSI FRONT _____ PSI REAR _____
7. CHECK ELECTRICAL SYSTEM: ☐ LIGHTS ☐ OPTIONS ☐ CONNECTIONS ☐ INSTRUMENT PANEL
8. CHECK DRIVE BELTS: ☐ TENSION
9. CHECK FIRE SUPPRESSION SYSTEM: ☐ CARTRIDGE INSTALLATION (IF APPLICABLE)
10. CHECK NEUTRAL START SYSTEM: ☐
11. CHECK ACCUMULATOR PRE-CHARGE (IF APPLICABLE): ☐
12. CHECK DECLUTCH SYSTEM: ☐
13. CHECK ALL GREASE FITTINGS: ☐
14. CHECK ALL GAUGES FOR CORRECT OPERATION: ☐
15. CHECK ALL HYDRAULIC PRESSURES PER FACTORY SPECS: ☐
16. UNIT CONTAINS THE FOLLOWING: ☐ MANUAL PACKET ☐ REQUIRED TOOLS ☐ OTHER - LIST BELOW
17. ENGINE MANUFACTURER CONTACTED FOR DELIVERY SERVICE ☐

REMARKS

EXPLAIN OR DEMONSTRATE EACH OF THE FOLLOWING INSTRUCTIONS TO YOUR CUSTOMER

☐ SAFETY INSTRUCTIONS ☐ OPERATING INSTRUCTIONS ☐ MAINTENANCE INSTRUCTIONS ☐ WARRANTY INSTRUCTIONS

DELIVERY DATE	SERVICE METER HOURS

IMPORTANT: TO QUALIFY FOR WARRANTY, THIS DELIVERY REPORT MUST BE COMPLETED AND RETURNED TO ALLIED SYSTEMS COMPANY.

OWNER / COMPANY	DEALER
MAILING ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
WE HAVE RECEIVED INSTRUCTIONS REGARDING SAFETY, OPERATION, MAINTENANCE AND WARRANTY FOR THE ABOVE EQUIPMENT.	THE UNIT WAS DELIVERED IN SATISFACTORY OPERATING CONDITION AND THE PRE-DELIVERY CHECKLIST WAS CONDUCTED AS NOTED ABOVE.
X _____ CUSTOMER'S SIGNATURE	X _____ SERVICEMAN'S SIGNATURE
TITLE _____ DATE _____	TITLE _____ DATE _____