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## GENERAL MAINTENANCE

CUSTOMER INFORMATION							
Date	Meter Hours	P.O.#		SO#			
Customer Name	Make	Model	Ser#	Equip#			
Customer Address		Customer #					
CHECKLIST (Fluid Check)							
<input type="checkbox"/> Gas Change	<input type="checkbox"/> Oil Change	<input type="checkbox"/> Transmission Fluids		<input type="checkbox"/> Anti Freeze			
<input type="checkbox"/> Hydraulic Fluids	<input type="checkbox"/> Differential Lube						
CHECKLIST (Parts Check)							
<input type="checkbox"/> Tire Wear	<input type="checkbox"/> Mast Wear	<input type="checkbox"/> Grease Points		<input type="checkbox"/> Rollers			
<input type="checkbox"/> Oil Filter	<input type="checkbox"/> Steering Mechanics	<input type="checkbox"/> Cylinders & Hoses		<input type="checkbox"/> Air Filter			
<input type="checkbox"/> Engine Hoses	<input type="checkbox"/> Brake Adjustment	<input type="checkbox"/> Parking Brake		<input type="checkbox"/> Inspect King Pins			
Parts Used							
Qty	Part #	Description	Price	Qty	Part #	Description	Price
Rates							
Type of Forklift		Time Billed (in ¼ hour increments)		Materials Used (from above section)			
<input type="checkbox"/> Gas/LP							
<input type="checkbox"/> All Terrain/Rough Terrain							
<input type="checkbox"/> Electric							
Remarks							
I confirm/authorize.....							
Serviceman X				Date			