



DELIVERY CHECKLIST

MACHINE SERIAL NO.	MACHINE MODEL	INSTALL DATE	ATTACHMENTS INSTALLED BY DEALER	
CUSTOMER NAME	TYPE OF BUSINESS			
MACHINE LOCATION - STREET ADDRESS	MACHINE LOCATION - CITY, STATE ZIP, COUNTRY			

DEALER REPRESENTATIVE	DEALER PHONE	DEALER EMAIL

CUSTOMER ACCEPTANCE REVIEWD BY CUSTOMER AT DELIVERY	Y / N
A. WAS OPERATOR'S MANUAL DELIVERED?	Y / N
B. WERE SAFETY WARNINGS IN BOTH THE MANUAL AND ON THE LIFT TRUCK EXPLAINED?	Y / N
C. WERE OPERATION INSTRUCTIONS GIVEN?	Y / N
D. WAS THE OPERATION OF THE LIFT TRUCK DEMONSTRATED?	Y / N
E. WAS THE USE OF THE SEAT BELT DEMONSTRATED?	Y / N
F. WAS CUSTOMER ADVISED OF OSHA REQUIREMENTS FOR OPERATOR TRAINING OF LIFT TRUCK	Y / N
-- PARTS BOOK REQUESTED	Y / N
-- SERVICE MANUAL REQUESTED	Y / N

COMPANY OFFICIAL:	
TITLE	
SERVICE CONTACT:	
PHONE	
EMAIL	
DATE:	

DEALER ON FILE:

CUSTOMER ON FILE: