

Marine-Boat Inspection Form

GTI ASSET ID: _____	AGENCY ASSET ID: _____	DATE: _____						
Short Description: Year _____ Make _____ Model _____								
Long Description: <input type="checkbox"/> Starts & <input type="checkbox"/> Runs <input type="checkbox"/> Needs New Battery to Run <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Serial # _____ Trailer Included: <input type="checkbox"/> Yes <input type="checkbox"/> No Hour Meter: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"><tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr></table> Hour Meter Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____								
Length: _____ Width: _____ Draft: _____								
Engine Manufacture: _____ Horsepower: _____ <input type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine # of Engines: _____ Engine Serial #'s _____ & _____ Engine Type: <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard & <input type="checkbox"/> 2 Stroke <input type="checkbox"/> 4 Stroke Engine Model Year if Outboard: _____ Engine Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is Unknown Fuel Tank Size: _____ Repairs needed: _____ Propeller Material/Condition: _____ Engine Maintained every: _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Exterior: Hull Material: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ Major Damage to: _____ Additional Damage: _____ Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No impression Emergency equip: <input type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes								
Interior: Color _____ # of Passengers _____ Damage to Seats: _____ Damage to Dash/Floor: _____ Radio: <input type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____								
Trailer: Manufacturer: _____ Serial #/ VIN: _____ Trailer Condition: _____ Road Worthy: <input type="checkbox"/> Y <input type="checkbox"/> N Type of Hitch: _____ Trailer Capacity: _____								
Additional Equipment: _____ Manufacturer _____ Model _____ Serial # _____								
Does this agency have a forklift / operator?: _____ If yes, what are the days and hours?: _____								