



800.835.1133 (phone)
www.bigjoelift.com

SERVICE REPORT

Work Order Number:

Date _____

Company Name		Fax No.		P.O. No.	
Contact Name		Make	Hr. Meter	Unit No.	
Telephone No.		Model			
Address		Serial No.			

City	Email	DATE	TRAVEL	LABOR
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Reason for service:

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Work performed:

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Mechanic:

Service call charge:

TECHNICIAN INSPECTIONS

OK	INFORM CLIENT	Visual Inspection
<input type="checkbox"/>	<input type="checkbox"/>	Horn
<input type="checkbox"/>	<input type="checkbox"/>	Check / Test Brake and Parking Break
<input type="checkbox"/>	<input type="checkbox"/>	Check For Leaks
<input type="checkbox"/>	<input type="checkbox"/>	Check and Top Off Fluids
<input type="checkbox"/>	<input type="checkbox"/>	Check and Inspect Battery, Water Level
<input type="checkbox"/>	<input type="checkbox"/>	Check Battery Cables and Connectors

CLIENT UTILIZES

OK	INFORM CLIENT	Daily Checklist
<input type="checkbox"/>	<input type="checkbox"/>	Operator Certified
<input type="checkbox"/>	<input type="checkbox"/>	Battery / Charger Safety

Qty.	PN	Description	Qty.	PN	Description

CUSTOMER SIGNATURE: _____ PRINT NAME: _____ DATE: _____