

BRANCH OFFICE: FORKLIFTS OF NORTH DAKOTA • 1734 EAST MAIN • WEST FARGO, NORTH DAKOTA 58078 • (701) 282-2334

Industrial Trucks • Sales • Service • Parts • Rental

**PLANNED MAINTENANCE SERVICE AUTHORIZATION**

We propose to furnish the following services for your equipment at the scheduled intervals agreed to below.

**POWERED EQUIPMENT**

1. Ask for operator concerns/input.
2. Clean machine (compressed air).
3. Clean grease fittings and lubricate.
4. Check upright assembly.
5. Check parking brake operation.
6. Check service brake operation.
7. Check/fill master cylinder.
8. Inspect brake pedal linkage.
9. Inspect hyd. cylinders and hoses.
10. Check tilt cylinder anchors.
11. Inspect tires.
12. Check or replace hyd. sump breather.
13. Check and lubricate shafts and levers.
14. Check steering for operation.
15. Inspect forks and attachments.
16. Inspect lift and carriage chains.
17. Check lights, horn, backup alarm & gauges.
18. Inspect data plate and decals.
19. Inspect safety seat, belts and hood latch.
20. Visually inspect LBR and OHG.
21. Check battery; add water and clean.
22. Check battery cables and receptacles.
23. Check/fill hydraulic oil level.
24. Check/fill transmission/differential oil levels.

**DIESEL**

1. Exhaust system (visual)
2. Fuel filter (replace)
3. Cold start system



**BATTERY INSPECTION**

	+	350	175	50	1/0	2/0
12						
24						
36						
48						
	GR	R	B	G	Y	—

Make \_\_\_\_\_  
Model \_\_\_\_\_  
S/N \_\_\_\_\_

**GAS / LPG / CNG**

1. Blow out radiator core with compressed air.
2. Change oil and filter element.
3. Check air filter, inspect hose and connection.
4. Check fuel, oil, water system; antifreeze good to \_\_\_\_\_.
5. Check engine vent pipe.
6. Check all accessory drive belts.
7. Inspect spark plug.
8. Check distributor.
9. Check carburetor and accelerator linkage.
10. Inspect clutch/inching pedal and linkage.
11. Check neutral start switch.

**ELECTRIC**

1. Check contactor assemblies.
2. Check switches.
3. Check operation of forward, reverse and 1A.
4. Check load wheels and lift linkage.
5. Check caster wheels.
6. Check drive motor brushes and commutator. \* N P F
7. Check hydraulic motor brushes and commutator. \* N P F
8. Check power steering motor brushes and commutator. \* N P F

\* N = Not Visible P = Partially Visible F = Fully Visible

UNITS	MAKE	MODEL	SERIAL NUMBER	CAPACITY	CALL SCHEDULE	Gas	Elec.	RATE	YR
1									
2									
3									
4									
5									

- (a) The above charges are for labor only. Oil, lubricants, filters, etc., required to complete these stated services will be billed at prevailing parts prices. IN THE EVENT OF POSSIBLE FUTURE LABOR AND/OR MATERIAL COST INCREASES IT MAY BE NECESSARY TO ADJUST PRICING ACCORDINGLY.
- (b) Additional service will be scheduled or performed only upon authorization. Labor, travel, parts and material will be billed at prevailing prices.
- (c) Machine must be promptly available for servicing upon arrival of serviceman at location, or an additional labor charge at prevailing rate will be made for waiting time after 30 minutes. A suitable place must be provided to permit servicemen to work on machines unrestricted by space limitations or other interferences.
- (d) The equipment to be serviced under this agreement is listed above and/or on attached schedule. Additions and deletions will be made to this agreement as requested and agreed to by both parties.
- (e) In addition to the above scheduled service we recommend that all fluid reservoirs be checked daily.
- (f) **ACCESSORIES:** We strongly recommend you review your operation to determine if you have a need for additional light(s), mirrors (s) and/or alarms(s) on the equipment described in this quotation. Please review the enclosed *accessories* brochure with our sales representative to determine the proper configuration of material handling equipment for your operation.
- (g) **TRAINING:** Operator training is required by OSHA. (See 29 CFR 1910.178, Subpart N.) Operator training classes are available upon request for an additional charge.
- (h) **EMISSION TEST:** Required by OSHA (Reg. 5205.0116 Subp.2). We will perform this service for a fee of \_\_\_\_\_.  
Testing to be \_\_\_\_\_ monthly \_\_\_\_\_ quarterly \_\_\_\_\_ yearly. Accepted initials \_\_\_\_\_

**This agreement may be cancelled by either party upon notice in writing thereof.**

**This agreement supersedes any other maintenance agreement between us, either expressed and/or implied.**

Additional repairs may be authorized by: (Name) \_\_\_\_\_ (Date) \_\_\_\_\_

Company \_\_\_\_\_ Purchase Order \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City & State \_\_\_\_\_ Zip \_\_\_\_\_ Start Date \_\_\_\_\_

By (Signature) \_\_\_\_\_ By (Salesman) \_\_\_\_\_

Name & title \_\_\_\_\_

Special Instructions \_\_\_\_\_