

<b>RTR Services Inc. GENERAL EQUIPMENT CONDITION REPORT</b>				<b>RTR #:</b> 8101919-02	
				<b>ACCOUNT</b>	
				<b>ACCOUNT NAME:</b>	
<b>YEAR:</b>	2001				
<b>MAKE:</b>	Ingersoll-Rand	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>EQUIPMENT WAS IN USE AT THE TIME OF RECOVERY</b>		
<b>MODEL:</b>	185WJD	<input type="checkbox"/> OPERATIONAL			
<b>SN:</b>	294667UT	<input checked="" type="checkbox"/> NON OPERATIONAL			
<b>POWER:</b>	Diesel	<input type="checkbox"/> UNTESTABLE			
<b>DESCRIPTION:</b>	Portable Air Compressor				
<b>SHOT / COUNT / HOUR:</b> Unknown					
<b>NOTES / COMMENTS:</b> 80 HP. New batteries and starter installed 11/12/2018. Cranks but wont start. Hours unverified.					

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<b>YEAR:</b>					
<b>MAKE:</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>EQUIPMENT WAS IN USE AT THE TIME OF RECOVERY</b>		
<b>MODEL:</b>		<input type="checkbox"/> OPERATIONAL			
<b>SN:</b>		<input type="checkbox"/> NON OPERATIONAL			
<b>POWER:</b>		<input type="checkbox"/> UNTESTABLE			
<b>DESCRIPTION:</b>					
<b>SHOT / COUNT / HOUR:</b>					
<b>NOTES / COMMENTS:</b>					

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<b>YEAR:</b>					
<b>MAKE:</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>EQUIPMENT WAS IN USE AT THE TIME OF RECOVERY</b>		
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<b>SN:</b>		<input type="checkbox"/> NON OPERATIONAL			
<b>POWER:</b>		<input type="checkbox"/> UNTESTABLE			
<b>DESCRIPTION:</b>					
<b>SHOT / COUNT / HOUR:</b>					
<b>NOTES / COMMENTS:</b>					

10/9/2018

<b>EMPLOYEE'S FULL NAME (PLEASE PRINT)</b>	<b>DATE</b>	<b>EMPLOYEE'S SIGNATURE</b>
<small>By signature above I do hereby certify all information contained within this report to be true and accurate to the best of my knowledge at present.</small>		

**RTR Services Inc. • 395 Market St. NE Salem OR 97301 • 1.800.238.3294 • FAX 503.399.0421**

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