

Generic Inspection Form

Inventory Tag Number: _____	Asset Number (begins with AST-__): _____	
Desired Sale Price: _____	Manufacturer: _____	
Model: _____	Year: _____	Serial Number: _____
Location of Asset: _____		

Condition of Equipment: _____ Operable	Color: _____	_____ Cloth
_____ Not Operable		_____ Vinyl
_____ Needs Repair		_____ Leather
_____ Good For Parts Only		_____ Plastic
_____ Condition is Unknown		_____ Metal
		_____ Wood
		_____ Rubber
Minor Damage To: _____		
Major Damage To: _____		
Size: _____	Length: _____ Feet _____ Inches	Width: _____ Feet _____ Inches
	Height: _____ Feet _____ Inches	
Men's Size: _____	Women's Size: _____	

Additional Equipment: Manufacturer: _____	Model: _____
Serial Number: _____	Condition: _____ Operable
	_____ Not Operable
	_____ Needs Repair
	_____ Good For Parts Only
	_____ Condition is Unknown
Description: _____	
Additional Equipment: Manufacturer: _____	Model: _____
Serial Number: _____	Condition: _____ Operable
	_____ Not Operable
	_____ Needs Repair
	_____ Good For Parts Only
	_____ Condition is Unknown
Description: _____	

Comments: _____

Contact Name: _____ Email Address: _____
Phone Number: _____