

# TOW MOTOR INSPECTION FORM

Date: \_\_\_\_\_ Form # \_\_\_\_\_

Tow Motor model \_\_\_\_\_

Tow Motor Number \_\_\_\_\_

Record Shift: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Name of Driver \_\_\_\_\_

## Checkpoints

#	Points	Ok / Not Ok	Problem

Driver Sign \_\_\_\_\_