



Cascade Attachment Condition Report

Please fill in all applicable portions of this document with your best assessment of the unit's condition:

Name _____ Company _____ Title _____

Street address _____ City _____ State _____

Phone _____ Fax _____

Model#: _____ Serial#: _____

Specifications

Type of unit _____ Capacity _____

Opening range _____ Closing range _____

ITA class _____ Fork size _____ Platen size _____ Pad/arm size _____

Backrest size _____ Other _____

Rotating? yes no Sideshifting? yes no Is the unit fully operational? yes no

If no, explain: _____

Note missing components: _____

Condition (excellent, good, fair, poor)

Pads: _____ Pad surface: _____

Bottom pad edge: _____ Leading pad edge: _____

Rubber: _____ Cylinders: _____

Bearing assembly loose? yes no

Frame: _____

Revolving connection condition: _____ Hoses: _____

Drive motor (if rotating): _____ Pivot points: _____

Mounting hooks (upper/lower): _____ Bearings (nylon sides): _____

Cracks? (ID): _____

Rewelds (ID): _____

Gripper bar (push/pull): _____ Gripper jaw: _____

Platens/forks: _____ Valves: _____

Pantograph arms: _____ Hinge points: _____ Faceplate: _____

Backrest: _____ Arms/forks: _____ Bearing/nylon bushings: _____

Field modifications: _____