

Dealership:
Technician:
Customer Name:
Model:
Serial #:
Estimated Setup Time: 2 hours



Specs:

- ☐ Have the correct options been installed on the unit as per the order?

Safety:

- ☐ Owner's manual located in the designated holder.
- ☐ Ensure all safety decals are in place and legible.
- ☐ Safety locks are functional and in place.
- ☐ Safety chain inspection (refer to manual).
- ☐ Safety lights and slow moving vehicle sign are functional and visible.

Check List:

(Refer to operator's manual for instructions).

- ☐ Remove shipping blocks.
- ☐ Wash the unit, removing all road debris (road salt and other material).
- ☐ Check for aesthetic defects and shipping damage – replace damaged items or touch up paint as required.
- ☐ Check wheel bolts, as per manual specs.
- ☐ Check wheel bearings, ensure bearings are properly reloaded and nut, washer and cotter pins are in place.
- ☐ Check tire pressure and adjust as required.
- ☐ Lubricate areas and chains as per manual specifications.

- ☐ Ensure guard rod adjustment is free for operation.
- ☐ Ensure flail drum lock engages and disengages.
- ☐ Ensure twine cutter and be passed through across drum and stored properly.
- ☐ Ensure all manual operated adjustments function properly and freely.
- ☐ Feed rollers are set low on right and high on left (front and rear).
- ☐ Ensure belt tensions are set correctly (manual specs) (if applicable).
- ☐ Check sprocket alignment and chain tension on Grain Tank (if applicable).
- ☐ Check clean-out door can move freely (if applicable).
- ☐ Check tank lid for proper function (if applicable).

Operational Check:

- ☐ Cycle all cylinders a minimum of three times, check for leaks and clearance.
- ☐ Cycle feed roller rotation.
- ☐ Check that the grain tank clutch engages (if applicable).
- ☐ Check back up clutch operates freely in reverse and locks up forward (if applicable).
- ☐ Engage PTO, ensure operation.
- ☐ Check operation of 2 function switch (Round or Square).

Customer Review:

- ☐ Review with the customer the understanding and operation of the machine.
- ☐ Review with the customer the safety section of the Operator's Manual.

Comments:

Completed By:	Signature:	Date:
----------------------	-------------------	--------------