

Tractor (F Series) – Product Delivery Inspection Receipt

Tractor Model: _____ Serial Number: _____

ROPS/CAB S/N: _____ Engine Serial Number: _____

DEALER INSPECTION
 Mark with "N/A" when Not Applicable

<p>1. General Condition</p> <p><input type="checkbox"/> Machine is clean, free of scratches/dents</p> <p><input type="checkbox"/> Safety/Operational decals in place/legible/good condition</p> <p><input type="checkbox"/> All guards in place, toolbox (if equipped)</p> <p><input type="checkbox"/> Tire Pressure (LF _____ RF _____ LR _____ RR _____)</p> <p><input type="checkbox"/> ROPS/FOPS and seat belt in place/secure</p> <p><input type="checkbox"/> Check all grease/lube points for proper lubrication</p> <p><input type="checkbox"/> Wheel mounting bolts, nuts properly torqued</p> <p><input type="checkbox"/> Check for applicable Campaigns</p> <p>2. Fluids and Engine Accessory Checks (These checks must be conducted prior to starting the engine)</p> <p><input type="checkbox"/> Engine oil level and Fuel level within acceptable range</p> <p><input type="checkbox"/> Coolant/Anti-freeze level (Record: _____ degrees)</p> <p><input type="checkbox"/> Transmission/hydraulic oil level within acceptable range</p> <p><input type="checkbox"/> All filters installed and properly tightened</p> <p><input type="checkbox"/> All drain plugs properly torqued</p> <p><input type="checkbox"/> Battery cables tight and battery fully charged</p> <p><input type="checkbox"/> Front axle fluid (4WD – if equipped)</p> <p><input type="checkbox"/> Radiator net/screen (if equipped)</p> <p><input type="checkbox"/> Alternator/fan belt tension</p> <p>3. Engine and Startup Checks</p> <p><input type="checkbox"/> Glow plug operation (if applicable)</p> <p><input type="checkbox"/> Safety switches for engine start/stop (Seat/Brake/PTO/Trans)</p> <p><input type="checkbox"/> Engine starting</p> <p><input type="checkbox"/> Engine RPM (Record: Idle _____ High _____)</p> <p><input type="checkbox"/> Parking brake operation</p> <p><input type="checkbox"/> All operator compartment controls</p> <p><input type="checkbox"/> HST/Speed control operation and lever adjustment</p> <p>4. Gauges, Indicators, Lights</p> <p><input type="checkbox"/> Engine oil pressure gauge/indicator</p> <p><input type="checkbox"/> Coolant temperature gauge/indicator</p> <p><input type="checkbox"/> Hour meter (Record hours: _____)</p>	<p>4. Gauges, Indicators, Lights - continued</p> <p><input type="checkbox"/> Tachometer (if equipped)</p> <p><input type="checkbox"/> Battery/charging light</p> <p><input type="checkbox"/> Fuel level gauge/indicator</p> <p><input type="checkbox"/> Air cleaner light (if equipped)</p> <p><input type="checkbox"/> All lights</p> <p><input type="checkbox"/> Meter panel lamps and operation (if equipped)</p> <p>5. Operation</p> <p><input type="checkbox"/> Brake operation and free play</p> <p><input type="checkbox"/> PTO operation and performance (if equipped)</p> <p><input type="checkbox"/> Free of oil , water, fuel leaks</p> <p><input type="checkbox"/> HST operation and performance</p> <p><input type="checkbox"/> Transmission (all speeds/ranges – Hi/Lo)</p> <p><input type="checkbox"/> Power steering/steering operation</p> <p><input type="checkbox"/> 4WD operation (if applicable)</p> <p><input type="checkbox"/> All Safety Switch adjustment and operation</p> <p>6. Attachments and Special Features</p> <p><input type="checkbox"/> All attachments properly secured/tightened/operated</p> <p>7. Mower (Follow safety procedures when conducting checks)</p> <p><input type="checkbox"/> Blades installed correctly with proper bolt torque</p> <p><input type="checkbox"/> PTO engagement and disengagement</p> <p><input type="checkbox"/> PTO drive line properly locked</p> <p><input type="checkbox"/> Gearbox mounting bolt torque</p> <p><input type="checkbox"/> Gearbox oil level</p> <p><input type="checkbox"/> All drive belt tension and idler operational</p> <p><input type="checkbox"/> Discharge deflector properly installed</p> <p><input type="checkbox"/> Deck level side-to-side and front-to-back (1/8" adjustment)</p> <p><input type="checkbox"/> Anti-scalp rollers adjusted/Gauge wheels adjusted</p> <p><input type="checkbox"/> Mower/deck lift and lower operation</p> <p><input type="checkbox"/> Blades stop within 5 seconds after PTO is disengaged</p>
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DEALER-OWNER ORIENTATION

I have reviewed the following items with the customer and have answered all questions regarding same:

Kubota Owner's Warranty Information Guide and have received signed Receipt Card.

Owner's manual, operation, safety, and maintenance sections of manual given to customer.

Location, operation, and importance of all operator presence and safety switches.

Reviewed ROPS importance and use.

Instructed Customer on Proper Ballast (Counter Weight)

Discussed Extended Warranty and KTAC Insurance options.

Dealer Signature: _____ Date: _____

CUSTOMER ACCEPTANCE

<p>I have received the following:</p> <p><input type="checkbox"/> Equipment orientation</p> <p><input type="checkbox"/> Copy of Product Delivery Inspection Receipt</p> <p><input type="checkbox"/> Operator's manual</p> <p><input type="checkbox"/> Kubota Owner's Warranty Information Guide/ Receipt Card</p>	<p>These items have been reviewed with me:</p> <p><input type="checkbox"/> Safe / Cold weather operation of equipment</p> <p><input type="checkbox"/> Proper maintenance</p> <p><input type="checkbox"/> Storage of equipment/attachments/implements</p> <p><input type="checkbox"/> Proper removal and installation of attachments/implements</p> <p><input type="checkbox"/> Options to purchase Extended Warranty and KTAC Insurance</p>
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Customer Signature: _____ Date: _____

NOTE: This document must be retained in Dealership Files for Future Reference.