



AMENDMENTS

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Please complete this form, remove and return to dealer

Dealer Copy

MODEL
SERIAL NUMBER
OWNER	.....
ADDRESS	....................
TELEPHONE NUMBER	.....
FAX NUMBER	.....
E-MAIL	.....
DELIVERY DATE	.....
DEALER NAME	.....
DEALER TELEPHONE NUMBER	.....
DECLARATION	I declare that I have read this manual and understand the Warnings and Cautions Ow ner Signature.....Date.....
	Pre delivery check completed .....(initial) Dealer Signature.....Date.....



Please complete this form, fold along the dotted lines on the reverse of this page, tape the edge, affix a stamp and post

Robertson's Copy

MODEL	.....
SERIAL NUMBER	.....
OWNER	.....
ADDRESS	....................
TELEPHONE NUMBER	.....
FAX NUMBER	.....
E-MAIL	.....
DELIVERY DATE	.....
DEALER NAME	.....
DEALER TELEPHONE NUMBER	.....
DECLARATION	I declare that I have read this manual and understand the Warnings and Cautions Ow ner Signature.....Date.....
	Pre delivery check completed(initial) Dealer Signature.....Date.....



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POST TO....

AFFIX STAMP
HERE

**ROBERTSON MANUFACTURING LTD
P O BOX 6
HINDS
MID CANTERBURY
NEW ZEALAND**

FOLD HERE



MANUFACTURING LTD

Main South Road, P.O Box 6 Hinds. Mid Canterbury.
 Telephone 03-3037228, Fax 03-3037076
 Email robfarm@xtra.co.nz

Pre Delivery Check Sheet for Robertson Feed Out Wagons

Machine Options Fitted as Requested	<input type="checkbox"/>	OK
Safety Chain Retainer Bolts Fitted	<input type="checkbox"/>	OK
All Wheel Nuts Checked	<input type="checkbox"/>	OK
Axle Bolts Checked	<input type="checkbox"/>	OK
All Nuts and Bolts Checked	<input type="checkbox"/>	OK
Breather Ports Lubricated on Lift Rams	<input type="checkbox"/>	OK
Tyre Pressures Correct	<input type="checkbox"/>	OK
All Points Greased	<input type="checkbox"/>	OK
All Floor Chain Joiners Fitted and Tensioned Correctly	<input type="checkbox"/>	OK
Floor Chains Engaged with Sprockets Correctly	<input type="checkbox"/>	OK
Check Elevator Shaft Cover is Adjusted Correctly	<input type="checkbox"/>	OK
All Hydraulic Hoses and Fittings, Tight and Checked for Leaks	<input type="checkbox"/>	OK
Electric/Manual Controls Working	<input type="checkbox"/>	OK
Jack Operation Correct	<input type="checkbox"/>	OK
'R' Clip installed on Covers	<input type="checkbox"/>	OK
All Joints Sealed	<input type="checkbox"/>	OK
All Stickers Attached and Undamaged	<input type="checkbox"/>	OK
Operators Manual Supplied	<input type="checkbox"/>	OK
Reflectors	<input type="checkbox"/>	OK
NZ Patent	<input type="checkbox"/>	OK
Aussie Patent	<input type="checkbox"/>	OK
Paint Job OK	<input type="checkbox"/>	OK
Test Run OK	<input type="checkbox"/>	OK
Machine Runs Correctly	<input type="checkbox"/>	OK
Machine Quiet in Operation	<input type="checkbox"/>	OK
Lights Working - if fitted	<input type="checkbox"/>	OK
Brakes Working and Adjusted Correctly - if fitted	<input type="checkbox"/>	OK
Load Cell Weighing System, Calibrated and Weighing Correctly - if fitted	<input type="checkbox"/>	OK
SILAGE WAGON RANGE		
Cross Conveyer Belt Tracking Correct	<input type="checkbox"/>	OK
Electric/Manual Floor Speed Controller Operational	<input type="checkbox"/>	OK
COMBY RANGE		
Safety Bolts (x2) Removed from Tilt Elevator - if Tilt Option Fitted	<input type="checkbox"/>	OK
Electric/Manual Direction & Accessory Controls Operational	<input type="checkbox"/>	OK
MEGA COMBY		
Safety Bolts (x2) Removed from Tilt Elevator - if Tilt Option Fitted	<input type="checkbox"/>	OK
Tilt Elevator Smooth and Correct Operation	<input type="checkbox"/>	OK
Flap Sensor adjusted and Operational	<input type="checkbox"/>	OK
(Check Bed Floor is Disabled when Elevator is Fully Up.)	<input type="checkbox"/>	OK
Pin Captivators are Fitted Correctly - If Forks Fitted	<input type="checkbox"/>	OK

Date..... Serial Number.....
 Print Name
 Signed
 Dealer Name

Comments:-

This form must be completed and returned within 30 days of inspection, Fax to
 Robertson Manufacturing Ltd to Validate Warranty.



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**ROBERTSON MANUFACTURING LTD
P O BOX 6
HINDS
MID CANTERBURY
NEW ZEALAND**

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