



# Resurgence Small Engine Inc.

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## Incoming Unit

Date Received: \_\_\_\_\_

Client: \_\_\_\_\_

Year, Make, & Model: \_\_\_\_\_

VIN or Serial#: \_\_\_\_\_

Odometer: \_\_\_\_\_

Symptoms: \_\_\_\_\_

## Inspection Checklist

### Before Starting - Visual Inspection

Good	N/A	Section	Notes & Abnormalities
<input type="checkbox"/>	<input type="checkbox"/>	Body & Fenders: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Battery Cables: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Instrument Panel: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Head and Tail Lights: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Throttle, Choke, & Clutch Levers: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Fuel Level, Hoses, & Filter: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Brake Fluid, Hoses, & Levers: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Winch and Cable: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Tie Rods & Steering Stem: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Boot Joints, Axle, & Suspension: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Cooling System: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Air Filter: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Engine Oil Level & Quality: _____	

## Visual Inspection Continued

Good	N/A	Section	Notes & Abnormalities
<input type="checkbox"/>	<input type="checkbox"/>	Crankcase & Recoil Starter: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Transmission Oil Level & Quality: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Tire Pressure & Lug Nuts: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Pipe & Muffler: _____	

## Before Starting – In-Depth Inspection

Good	N/A	Section	Notes & Abnormalities
<input type="checkbox"/>	<input type="checkbox"/>	Differential Fluid Level & Quality: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Front Brakes: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Rear Brakes: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Belt, Chain, & Drive Shaft: _____	
Hot / Cold		____ PSI Compression: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Spark Plug & Spark: _____	

## During & After Starting:

Good	N/A	Section	Notes & Abnormalities
<input type="checkbox"/>	<input type="checkbox"/>	Does it Start? _____	
<input type="checkbox"/>	<input type="checkbox"/>	Battery & Starter: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Idle: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Throttle Response: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Forward, Reverse, & Neutral: _____	
<input type="checkbox"/>	<input type="checkbox"/>	4x4: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Clutch Engage & Disengage: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Driving : _____	

## Other Notes:

Technician: \_\_\_\_\_