

Tank collection/Delivery inspection report

Collection Date: _____ Time: _____ Delivery Date: _____ Time: _____

Collection / Dispatcher Details:
 Name:
 Address:

 Postcode:
 Contact number:

Transporter Details:
 Name:
 Address:

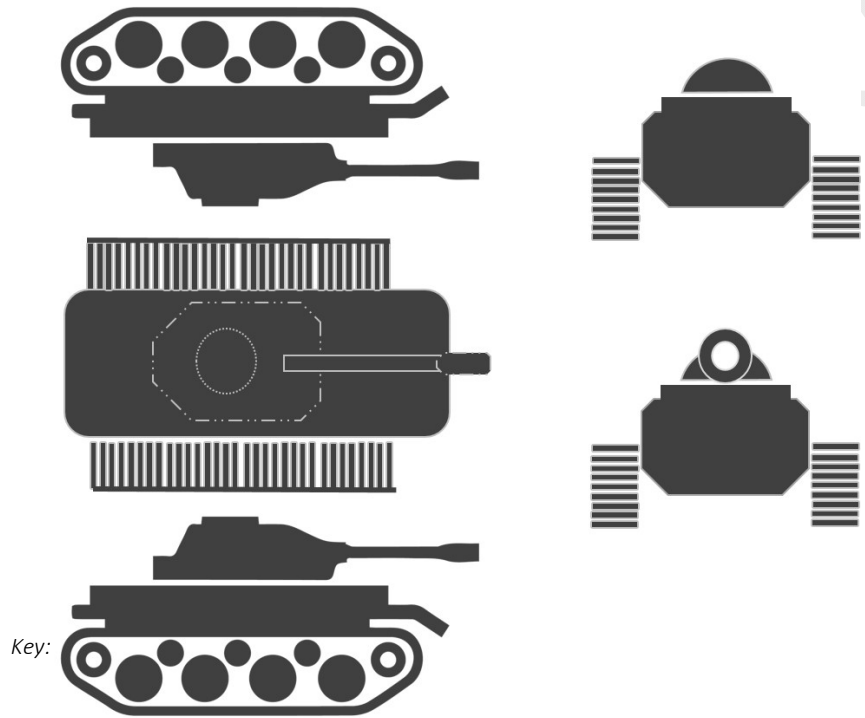
 Postcode:
 Contact number:
 Email:

Destination recipient:
 Name:
 Address:

 Postcode:
 Contact number:
 Email:

Vehicle details:
 Make: _____ Model: _____ Colour: _____ Registration: _____
 Calibre: _____ Mileage: _____

Circle defects and label with appropriate code



SC	Scratch
GS	Gun shot
AD	Artillery damage
CH	Chip
DF	Deformed
RU	Rust
GD	Glass damage
TD	Track damage
TuD	Turret Damage

Notes:

 Take pictures or add further notes on the back of this form

Collection extras: if applicable
 Keys: Y / N sets..... V5 or new owner slip: Y / N Ammunition: Y / N

Collection / Dispatcher
 Name:
 Signature:

 Date:

Transporter
 Name:
 Signature:

 Date:

Destination recipient
 Name:
 Signature:

 Date: