



PREMIER
Compaction Systems, LLC



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NYC DCA# 2011389 • NJ DCA# 13VH06573600

COMPACTOR INSPECTION REPORT

Owner/Agent: _____

Job Address: _____

Compactor model: _____

	Part	Evaluation			Comments
		Good	Repair	Replace	
1.	Power Unit				
	Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	Control Panel				
	Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Key Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Fuse Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	Switches				
	Door Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Bag Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Chain & Clip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Electric Eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Reflector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Front Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Rear Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Stop Switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	Chassis				
	Ram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Wear Plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Guides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Chassis Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Forcing Cone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Arm Clips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Arm Springs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Gasket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Hopper Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Safety Gate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	Cylinder				
	Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____