

Can We Help?

LD Bailey & Associates is a partnership of independent financial strategists having extensive industry experience in tangible asset management, financial analysis, business strategy, and management technologies.

We specialize in the areas of fleet maintenance and management, cost and telemetry reporting, equipment finance, safety compliance and supply chain logistics.

Our ultimate goal is to implement our asset management strategies in your operation. We act as part of your management team, sharing equally in the gains of our efforts until you are proficient in these cutting-edge asset/resource strategies.

We gauge our success by your success.

The bottom line – we help you find the hidden dollars in the operation, acquisition and liquidation of capital and operating assets.

Company Name: _____

Contact Name: _____ **email:** _____

Position: _____

Phone : _____ **Fax:** _____

This questionnaire is designed to help quantify the potential savings available by optimizing your Material Handling Equipment fleet. Fleets can only be effectively managed by tracking the four components of cost - **Ownership Costs** (Purchase, Lease or Rental), **Maintenance Costs** (Periodic Maintenance and Normal Wear-and-Tear), **Damage Costs** (operator error or equipment failure), and **Utilization**.

Each **Yes** answer is worth **1 point**. The Yes answers suggest that you watch costs in a way that enables you to manage costs. How many dollars are you missing?

Abbreviations:

MHE - Material Handling Equipment
PM - Preventative Maintenance
W&T - Wear and Tear



(503) 582-1122

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1. General Information

a.) How many locations do you have?

b.) What is your industry? _____

c.) How many of what types of MHE equipment do you have?

- Lift Trucks - **Under** 10,000 lb capacity

- Lift Trucks - **Over** 10,000 lb capacity

- Loaders and / or "Yard Equipment" - Of all sorts

- Other

Descriptions: _____

d.) How do you depreciate your material handling equipment? _____

e.) Do you have a **Master Equipment** List which contains all pieces of equipment under your control?

Yes No

☐ ☐

If you answer **No**, give yourself **0** for this section and go to **Section 2**.

f.) Does the list include **Make, Model, Year, Attachments**, etc.?

☐ ☐

g.) Is **Leased** equipment included in the list?

☐ ☐

h.) Is **Rental** equipment listed?

☐ ☐

Enter the total number of pieces of equipment under your control here.

General Info Score (1 point for each **Yes** answer. Enter here)

2. Recordkeeping

a.) Do you produce a monthly report that shows **Total Cost** by unit?

Yes No

☐ ☐

If you answer **No**, give yourself **0** for this section and go to **Section 3**.

b.) In the past quarter, have you used this report to make decisions about your assets?

☐ ☐

c.) Does this report accumulate information by **Month** and **YTD**?

☐ ☐

d.) Does this report accumulate information by **Life-to-Date**?

☐ ☐

e.) Does it report **Warranty Claim Amounts**?

☐ ☐

f.) Does it distinguish between **PM, Damage** and **Normal W&T** costs?

☐ ☐

g.) Do you have a methodology to determine appropriateness of service/repair?

☐ ☐

Enter the amount you recovered in **Warranty Claims** last year?

Enter your **Average Cost Per Hour** here.

i.) Does that figure include the Cost of Ownership?

☐ ☐

j.) Do you know what percentage of your CPH is related to Damage?

☐ ☐

If you answered Yes, enter that **% for Damage** here.

RecordKeeping Score (1 point for each **Yes** answer. Enter here)

3. Equipment Utilization

- | | Yes | No |
|---|--------------------------|--------------------------|
| a.) Do you produce a monthly report that shows Utilization by each unit? If you answer No , give yourself 0 for this section and go to Section 4 . | <input type="checkbox"/> | <input type="checkbox"/> |
| b.) In the past quarter, have you used this report to make decisions about equipment replacement or redeployment? | <input type="checkbox"/> | <input type="checkbox"/> |
| c.) Does this report distinguish by Type, Location, Department , etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| d.) Does the report show utilization by Month and YTD ? | <input type="checkbox"/> | <input type="checkbox"/> |
| e.) Does this report accumulate information by unit for Life-to-Date ? | <input type="checkbox"/> | <input type="checkbox"/> |
| f.) Does this report include Driver and Shift utilization? | <input type="checkbox"/> | <input type="checkbox"/> |
| g.) Is your equipment equipped with " Black-box " telemetry? | <input type="checkbox"/> | <input type="checkbox"/> |

Enter your **Average Hours of Use** per month here.

Utilization Score (1 point for each **Yes** answer. Enter here)

4. Equipment Maintenance

- | | Yes | No |
|---|--------------------------|--------------------------|
| a.) Do you produce a monthly report that shows Maintenance Costs by each unit? If you answer No , give yourself 0 for this section and go to Section 5 . | <input type="checkbox"/> | <input type="checkbox"/> |
| b.) In the past quarter, have you used this report to make decisions about reducing equipment maintenance cost? | <input type="checkbox"/> | <input type="checkbox"/> |
| c.) Does this report distinguish by Type, Location, Department , etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| d.) Does the report accumulate costs by Month and YTD ? | <input type="checkbox"/> | <input type="checkbox"/> |
| e.) Does this report accumulate information by unit for Life-to-Date ? | <input type="checkbox"/> | <input type="checkbox"/> |
| f.) Do you know the amount spent on Damage Repair for each unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| g.) Do you know the amount spent on PM's for each unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| h.) Do you know the amount spent on Normal W&T for each unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| i.) Do you know the amount spent on Abuse for each unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| j.) Do you know the amount spent on Parts or Labor for each unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| k.) Do you know the amount spent by Component for each unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| l.) Are PM's performed by your staff? | <input type="checkbox"/> | <input type="checkbox"/> |
| m.) Are Major Repairs performed by your staff? | <input type="checkbox"/> | <input type="checkbox"/> |

Maintenance Score (1 point for each **Yes** answer. Enter here)

5. Safety Programs

- | | Yes | No |
|--|--------------------------|--------------------------|
| a.) Do you produce a monthly report that reports Safety performance by each unit? If you answer No , give yourself 0 for this section and go to Section 6 . | <input type="checkbox"/> | <input type="checkbox"/> |
| b.) In the past quarter, have you used this report to make decisions about improving safety and reducing damage costs? | <input type="checkbox"/> | <input type="checkbox"/> |
| c.) Does this report track Vehicle Impacts by unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| d.) Does this report track Vehicle Impacts by operator? | <input type="checkbox"/> | <input type="checkbox"/> |
| e.) Does the report accumulate costs by Month and YTD ? | <input type="checkbox"/> | <input type="checkbox"/> |
| f.) Does this report accumulate information by unit for Life-to-Date ? | <input type="checkbox"/> | <input type="checkbox"/> |
| g.) Does this report show safety performance by Location / Department ? | <input type="checkbox"/> | <input type="checkbox"/> |

Enter the number of **Incidents** resulting in **Damage to Inventory** this month.

Enter the number of **Incidents** resulting in **Damage to Property** this month.

Enter the number of **Incidents** resulting in **Damage to People** this month.

Bonus Score (add an additional **1** point for each blue box above with an entry)

Safety Program Score (1 point for each **Yes** answer plus your Bonus. Enter here)

Can We Help? (cont)

6. Driver Incentive Programs

- a.) Do you produce a monthly report that shows overall **Performance** by each **Driver**? **Yes** **No**
If you answer **No**, give yourself **0** for this section and go to **Section 6**. ☐ ☐
- b.) In the past quarter, have you used this report to reward equipment operators for their performance? ☐ ☐

Driver Incentive Score (1 point for each Yes answer. Enter here)

How did you score?

Total Score (total the points in each of the red boxes above)

| Your Score | 0 - 7 | 8 - 14 | 15 - 21 | 22 - 28 | 29 - 35 |
|--------------|---------|---------|---------|---------|---------|
| Pot. Savings | \$5,000 | \$4,250 | \$3,500 | \$2,750 | \$2,000 |

Potential Savings per Unit (enter the amount from the chart above)

Fleet Size (enter the number of units from page 1)

Total Potential Savings (multiply Unit Savings by Fleet Size)

Notes:

[illegible]