FLEET SERVICE
VEHICLE PROBLEM REPORT FORM

INSTRUCTIONS:

Check all appropriate boxes 1 through 7 **PLEASE PRINT / CHECK ALL THAT APPLY**

Operator **Today's Date** **Vehicle #** **Vehicle Department**

Phone Number: **Department** **Time of Occurrence** **Mileage** **Hours**

1 WHEN DID YOU FIRST NOTICE PROBLEM WHILE:	2 HOW DID YOU FIRST NOTICE PROBLEM? (See, Hear, Feel or Smell)	3 UNDER WHAT CONDITIONS WAS VEHICLE OPERATING	4 FREQUENCY (HOW OFTEN)?	5 WHAT COMPONENT SEEMS AFFECTED	6 ADDITIONAL INFORMATION BODY:	7 LEAKS
DRIVING VEHICLE	VIBRATION	LOADED	ALL THE TIME	SUSPENSION	RUST	VACUUM
OPERATING EQUIP.	LOOSENESS	UNLOADED	ONE A WEEK	STEERING	DENTS	AIR
Veh/Equip Stationary	PULL	Operating under load	ONCE A DAY	BRAKES	PAINT	Water - Antifreeze
ACCIDENT DAMAGE	Stiffness or Tightness	ON ROAD	More than once a day	COOLING SYSTEM	MOULDINGS	HYDRAULIC
	LEAKS	OFF ROAD		ELECTRICAL/LIGHTS	MIRRORS	COLOR:
	TEMP CHANGE	UP HILL		ENGINE	BRACKETS	
	SPONGINESS	DOWN HILL		EXHAUST SYSTEM	WINDSHIELD	
	LACK OF POWER	Damp/Wet Weather		BODY	DOOR GLASS	**6** Continued
	NOISE	INDOORS		FRAME	REAR GLASS	
	GAUGE OR LIGHT	OUTDOORS		FUEL SYSTEM	DOORS	ADJUSTMENT
	BURNING SMELL	SPEED /RPM		DRIVESHAFT	LATCHES/LOCKS	HINGES
		WHILE TURNING		SHOCKS	HANDLES	TRACKS
		WHILE BRAKING		TRANSMISSION	WEATHERSTRIP	SEAT BELTS
				WHEELS/ TIRES	CHECK STRAP	FLOOR MATS
				HEATER/ A.C.	ARM REST	
				POWER TAKE OFF	SEATS (Torn or Broken)	
				DRIVE AXLE		
				HYD. SYSTEM	TRIM PAD	

COMMENTS: PLEASE PRINT – Be Specific

Mark Location of Problem(s): with X

Vehicle/Equipment Diagram

Questions or comments: 246.4541

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