SCHOOL DISTRICT DRIVER DEFECT REPORT

(Please print)

Unit #: Mileage: Time: am pm

Driver: Date:

Please explain the defect that needs attention

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

 Out of service

Technician’s signature: Date: Time: am pm

 Scheduled for repairs – OK to operate at this time.

Technician’s signature: Date: Time: am pm

 The above defects have been corrected

Technician’s signature: Date: Time: am pm

If you have any questions, please don’t hesitate to ask one of the mechanics.

Obtain a signed copy from one of the technicians if needed.

Comments: