UNIT NUMBER STATUS REPAIR ORDER NUMBER

**REPAIR ORDER**

DATE PLACED OUT OF SERVICE: DATE PUT BACK IN SERVICE:

ODOMETER READING: TEST DRIVE MILEAGE:

BEGINNING: ENDING:

REASON FOR REPAIR:

PM □ DRIVER REPORT □ ROAD CALL □ OTHER

# LABOR

Mechanic: Date: Time:

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Defect:** |  | Cause: |  |

Correction:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Technician: |  | Date: |  | Repair Time: |  |

|  |  |  |
| --- | --- | --- |
| **2. Defect:**Correction: |  | Cause: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Technician: |  | Date: |  | Repair Time: |  |

**3.Defect:**

Cause:

Correction:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Technician: |  | Date: |  | Repair Time: |  |

**4.Defect:**

Cause:

Correction:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Technician: |  | Date: |  | Repair Time: |  |

**PARTS**

|  |  |  |  |
| --- | --- | --- | --- |
| Qty | Part Number | Part Description | Price |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I certify that the repairs were made in accordance with CDE, DOT, and School District regulations.

TECHNICIANS SIGNITURE: DATE: TIME: AM PM