EQUIPMENT PROBLEM REPORT - SERVICE REQUEST

DATE OF FAILURE: / /	TIME CREW AFFECTED		VEHICLE OR EQUIPMENT PROBLEM DISCOVERED
EMPLOYEE	Time of failure:		During start of shift
UNIT NUMBER	Time crew was taken out of service:		During an assigned run
EQUIPMENT NUMBER	Time crew was available for call:		On scene of an assigned run
SERIAL NUMBER	Total time out of service:		Other

TYPE OF FAILURE OR PROBLEM

☐ Vehicle ☐ On Board Equipment ☐ Radio ☐ Office or Station Equipment ☐ Bio Med ☐ Computer

Other (describe)

PM DUE Due Miles Current Miles

Explain Failure or Problem

Signature of person prepairing report: Emp.# Date:

Description of Repairs/Replacement solving problem

Date repairs completed : / / ☐ In house repair ☐ Outside services required

Company making repairs:

Signature of person making repairs: