

# Equipment Failure/Problem Report

DATE PROBLEM REPORTED:		<b>Vehicle Equipment Failure Discovered</b>	
Reporting Crew Member	NAME:	<i>Check only one box in this section.</i> <b>Not During Assigned Run</b> <input type="checkbox"/> During Shift Check Out <input type="checkbox"/> Other (Describe) <hr/> <b>During Assigned Run</b> <input type="checkbox"/> En Route <input type="checkbox"/> At Scene  Was Patient on Board? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	BADGE #:		
Driver During Shift Report Made	NAME:		
	BADGE #:		
<b>Type of Failure</b>			
VEHICLE #:			
MILEAGE:			
DESCRIPTION OF PROBLEM:			
DATE RECEIVED:		REPORTING CREW MEMBER: <b>X</b>	

## TECHNICIAN'S REPORT

QUAN	PART NUMBER	DESCRIPTION	AMOUNT	DESCRIPTION OF REPAIRS
Parts Total				Total Labor
				Total Parts
				Total Amount

- In Shop Repair
- Outside Repair

Signature of \_\_\_\_\_  
Mech/Tech \_\_\_\_\_