



## Repair Request Form

<b>Equipment Out of Service:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Limited</b>	
Equipment: <input type="checkbox"/> Tractor <input type="checkbox"/> Trailer <input type="checkbox"/> Forklift <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Other	
Equipment#:	Date Reported:
<b>Mileage or Hours (Required):</b>	Reported By:
Issue:	
<b>*Completed by Supervisor *</b>	
Date Assigned:	
Estimated RTS Date:	Repair Assigned To:
Parts Request:	
Actual RTS Date:	Mechanic Signature:
Resolution:	