## Fleet Breakdown Report Sheet

Report Date			
Reported By			
Location			
Vehicle Information			
Vehicle Number / Plate			
Make / Model			
Time			
Type			
Breakdown Details			
Date & Time of Breakdown			
Description of Issue			
Part/Component Affected	Symptoms / Observations	Initial Action Taken	Status
Repair & Resolution			
Repair Actions			
Parts Replaced			
Denois Consultated Date & Time			
Repair Completed Date & Time			
Remarks			
Technician/Mechanic Name			

Approval	
Supervisor Name	
Date	