



# FLEET VEHICLE REPAIR ORDER



**WORK ORDER#** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**UNIT #** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ODOMETER/HR:** \_\_\_\_\_

**ROUTINE SERVICE**

**BODY**  
 Turn Lights  
 Marker Lights  
 Brake Lights  
 Fire Extinguisher  
 Glass  
 Damage

**FLUIDS**  
 Engine Oil  
 Transmission Fluid  
 Hydraulic Fluid  
 Washer Fluid  
 Brake Fluid  
 Antifreeze

**HYDRAULIC**

Leak  
 Cylinder  
 Hose  
 Controls  
 PTO

**BRAKES**

Emergency Brake  
 Low Pedal  
 ABS Light  
 Brake Noise  
 Vibration

**Heater/Air Conditioner**

No Heat  
 No AC  
 Blower  
 Controls  
 Coolant Smell - Windshield Fogging

**CHARGING SYSTEM**

Battery  
 Alternator  
 Cables

**ENGINE**

Running Problem  
 Check Engine Light  
 Exhaust Leak  
 Coolant Leak  
 Oil Leak

**SUSPENSION**

Springs  
 Shocks  
 Noise  
 Loose Steering

**TIRES**

Low Pressure  
 Check Replacement  
 Check Balance  
 Rotate Tires

**INTERIOR**

Seat  
 Head Liner  
 Mirror  
 Rear View Mirror  
 Attachments

**EXTERIOR**

Windshield Wipers  
 Side View Mirrors  
 Running Boards/Steps  
 Antennas

**DRIVER'S REMARKS:** \_\_\_\_\_

**PRINT DRIVER'S NAME:** \_\_\_\_\_

**DRIVER'S SIGNATURE:** \_\_\_\_\_

**Name and Phone Number to contact when completed:** \_\_\_\_\_