

SERVICE REPORT

Work Order Number:

Date _____

Company Name	Fax No.	P.O. No.	
Contact Name	Make	Hr. Meter	Unit No.
Telephone No.	Model		
Address	Serial No.		

City	Email	DATE	TRAVEL	LABOR
Reason for service:				
Work performed:				
		Mechanic:		
		Service call charge:		

Mechanic's recommendation:

TECHNICIAN INSPECTIONS		
OK	INFORM CLIENT	
<input type="checkbox"/>	<input type="checkbox"/>	Visual Inspection
<input type="checkbox"/>	<input type="checkbox"/>	Horn
<input type="checkbox"/>	<input type="checkbox"/>	Check / Test Brake and Parking Break
<input type="checkbox"/>	<input type="checkbox"/>	Check For Leaks
<input type="checkbox"/>	<input type="checkbox"/>	Check and Top Off Fluids
<input type="checkbox"/>	<input type="checkbox"/>	Check and Inspect Battery, Water Level
<input type="checkbox"/>	<input type="checkbox"/>	Check Battery Cables and Connectors
CLIENT UTILIZES		
OK	INFORM CLIENT	
<input type="checkbox"/>	<input type="checkbox"/>	Daily Checklist
<input type="checkbox"/>	<input type="checkbox"/>	Operator Certified
<input type="checkbox"/>	<input type="checkbox"/>	Battery / Charger Safety

Qty.	PN	Description	Qty.	PN	Description

CUSTOMER SIGNATURE: _____ PRINT NAME: _____ DATE: _____