

	Description of Work <i>(Initial when completed)</i>	In its.	Comp. Code	Acct. Code	Hours & Tenths	ERT Time	Employee Number	Clock Rings
1								E
2								B
3								E
4								B
5								E
6								B
7								E
8								B
9								E
10								B
11								E
12								B
13								E
14								B
15								E
16								B
17								E
18								B
19								E
20								B
21								E
22								B
23								E
24								B
25								E

Remarks

VEHICLE DEFECT REPORT REQUIRED
 Yes
 No

VEHICLE APPROVED FOR RETURN TO SERVICE

Supervisor's Signature

Date