



## City of Riverside Administrative Manual

**Effective Date:** 07/2003  
**Latest Revision Date:** 07/2018  
**Next Review Date:** 07/2020  
**Policy Owner(s):** General Services

Approved:

  
 \_\_\_\_\_ Department  
 Al Zelinka  
 City Manager City Manager

**SUBJECT:**

**Vehicle Maintenance**

**PURPOSE:**

To provide a procedure for obtaining preventive, emergency and routine maintenance of vehicles and related equipment.

**POLICY:**

It shall be the driver's responsibility to check the vehicle or equipment unit prior to operation for fuel, water, damage and safety, or as required by the Department of Transportation and the California Highway Patrol. During operation of the equipment, it shall be the driver's responsibility to note malfunctions requiring maintenance and to turn the vehicle or equipment in to the garage as soon after as possible. It is further the responsibility of the operator to ensure the cleanliness of the vehicle inside and out to professionally represent the City at all times.

It shall be the using department's responsibility to assure that:

- Vehicles and equipment scheduled for preventive maintenance are delivered to the maintenance location on the date and at the time that is scheduled by Fleet Management.
- Vehicles and equipment delivered to the garage for repairs are not subsequently moved or used without a release from Fleet Management.
- The Fleet Management Division receives one copy of all accident forms so that repairs can be started as soon as possible after an accident occurs.
- Drivers are instructed in the proper use and care of all vehicles and equipment prior to operation.

**PROCEDURE:**

Responsibility	Action
Fleet Management Service Writer	1. Determines requirements for preventive maintenance of all city-owned vehicles and schedules repairs.
Fleet Management Office	2. Notifies departments one week prior to the month vehicles and equipment are scheduled for preventive maintenance by completing and distributing Equipment Maintenance Preventive Maintenance Monthly Planner. There is flexibility in the scheduling process should the using department

**PROCEDURE:**

<b>Responsibility</b>	<b>Action</b>
	need dates/times altered to maintain efficient departmental operations, unforeseen circumstances or emergencies. The using department should contact Fleet Management to request schedule modifications as needed.
Department	3. Directs operator of assigned vehicle or equipment to deliver it to the garage for preventive maintenance.
Operator (Preventive Maintenance Only)	4. Takes the vehicle or equipment to the repair location by the date and time required and informs Fleet Management of its location.
Operator (Routine & Emergency Repair Maintenance Only)	5. Fills out Operator's Report (Form No. 911-42A) when other than scheduled repairs are required. Retains second copy of form for personal record and gives original copy to Fleet Management office.
Operator (Emergencies)	6. Notifies Fleet Management during regular working hours or follows emergency procedures noted on the distributed Emergency Call Instructions memo during off-duty hours of emergency repair requirements.
Fleet Management Office Staff	7. Reviews Operator's Report; discusses required repairs with operator; inspects vehicle for stated repairs then fills out Work Order identifying work requirements for mechanics.
Fleet Management Supervisor or designee	8. Assigns work to mechanics by priority and availability of parts. 9. Completes assigned maintenance then annotates computer generated Work Order job notes describing work accomplished and time used to complete each separate repair. Parks vehicle in its designated Corporation Yard parking area or on ready wall if the vehicle is from outside the Yard. 10. Reviews Work Order for completeness of repairs and inspects mechanic's work. Completes a daily deadline list and forwards to each department's repair liaison via E-mail.
Using Department or Operator	11. Picks up vehicle.

**Attachments:**

1. Vehicle Accident Report
2. Preventive Maintenance Monthly Planner
3. Operator's Report
4. Emergency Call Instructions
5. Deadline List
6. Work Order

Distribution: Regular

## SUPERVISOR'S FIRST REPORT OF INCIDENT / MISHAP

**PLEASE PRINT - COMPLETE ALL ITEMS IF DWC -1 FORM SUBMITTED TO WORKERS' COMP - SUBMIT IMMEDIATELY**  
**COMPLETE HIGHLIGHTED ITEMS TO DOCUMENT FIRST AID INCIDENT ONLY**

**SUPERVISOR SECTION**

Employee:		Dept/Div:		Classification:	
Address			City/Zip:		Home Phone:
Birthdate:	Age:	M <input type="checkbox"/> F <input type="checkbox"/>	Date of Hire:	Shift:	Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> 24hr <input type="checkbox"/>
Date of Incident:		Time of Incident:		Time reported to work: Date: _____ Time: _____	
Date Incident Reported:			Reported to Whom? _____		
Location of Incident: _____					
Type of Incident: Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Equipment Damage <input type="checkbox"/> Vehicle Collision <input type="checkbox"/> Near-Miss <input type="checkbox"/>					
1) Was employee given 1 <sup>st</sup> Aid Yes <input type="checkbox"/> No <input type="checkbox"/>			2) Was further medical treatment refused by employee Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Notify Workers' Compensation for "YES" answers to Items #3, #4 &amp; #5</b>					
(3) Was employee sent to:		Emergency Room Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Hospital _____		
		Preferred Clinic Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Clinic _____		
		Pre-designated Physician Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Physician _____		
		Other _____			
(4) Was employee admitted to hospital Yes <input type="checkbox"/> No <input type="checkbox"/>		(5) Fatality Yes <input type="checkbox"/> No <input type="checkbox"/>			
Did employee wear protective equipment Yes <input type="checkbox"/> No <input type="checkbox"/>		List equipment used: _____			
<b>Part of Body</b>			<b>Type of Injury (check)</b>		
<input type="checkbox"/> No Injury			<input type="checkbox"/> Reaction to foreign substance/object	<input type="checkbox"/> Contusion	<input type="checkbox"/> Fracture
<input type="checkbox"/> Fill in Blank (be specific) _____			<input type="checkbox"/> Puncture	<input type="checkbox"/> Burn	<input type="checkbox"/> Amputation
			<input type="checkbox"/> Loss of Consciousness	<input type="checkbox"/> Sprain / Strain	<input type="checkbox"/> Laceration
			<input type="checkbox"/> Chemical Exposure	<input type="checkbox"/> OPIM Exposure	
			<input type="checkbox"/> Other _____		
<b>Incident Cause (check)</b>					
<input type="checkbox"/> Fall from stairs / obstacle / elevation		<input type="checkbox"/> Act or procedure	<input type="checkbox"/> Injury from falling objects	<input type="checkbox"/> Back injury from lifting	
<input type="checkbox"/> Defective equipment		<input type="checkbox"/> Fall on floor / surface	<input type="checkbox"/> Improper use of equipment / instrument		
<input type="checkbox"/> Horseplay		<input type="checkbox"/> Repetitive Motion			
<input type="checkbox"/> Other _____					
<b>Witnesses</b>					
(1) Name: _____		Dept/Address: _____		Phone: _____	
(2) Name: _____		Dept/Address: _____		Phone: _____	
<b>City Vehicle Information:</b> Year/Make/Model _____ Type Vehicle _____ Asset# _____					
Headlights on: Yes <input type="checkbox"/> No <input type="checkbox"/>		Warning Lights on: Yes <input type="checkbox"/> No <input type="checkbox"/>		Turn signals used: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Seatbelts Worn: Driver Yes <input type="checkbox"/> No <input type="checkbox"/>		Passenger Yes <input type="checkbox"/> No <input type="checkbox"/>		Police Report # _____ Reporting Agency _____	
<b>Other Vehicle Information:</b> (if applicable)					
Driver Name: _____		Address _____		City _____ Phone _____	
Driver's License # _____		Vehicle Year/Make/Model _____		Vehicle License # _____	
Insurance Company & Policy # _____					
<b>Damages:</b> List all damage to property, equipment and/or vehicles _____					
<b>Select conditions present at time of incident:</b>					
<b>Environment (Internal / External)</b>			<b>Equipment / Materials</b>		
<input type="checkbox"/> Sunny		<input type="checkbox"/> Rain	<input type="checkbox"/> Tire condition	<input type="checkbox"/> Lights inoperative	<input type="checkbox"/> Lubrication
<input type="checkbox"/> Bright sun / glare		<input type="checkbox"/> Night	<input type="checkbox"/> Belt condition	<input type="checkbox"/> Insulation failure	<input type="checkbox"/> Belt adjustment
<input type="checkbox"/> Cloudy / fog		<input type="checkbox"/> Dusk / dawn	<input type="checkbox"/> Improper adjustment	<input type="checkbox"/> Loose / missing hardware	<input type="checkbox"/> Guards defective / missing
<input type="checkbox"/> Windy		<input type="checkbox"/> Other _____	<input type="checkbox"/> Incorrect tool	<input type="checkbox"/> Defective materials	<input type="checkbox"/> Incorrect materials
<input type="checkbox"/> Hot or Cold			<input type="checkbox"/> Improper design / type	<input type="checkbox"/> Other _____	
<b>Facility</b>			<b>Personnel</b>		
<input type="checkbox"/> Layout of equipment		<input type="checkbox"/> Floors wet / uneven	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Insufficient training	<input type="checkbox"/> Improper work practice
<input type="checkbox"/> Housekeeping		<input type="checkbox"/> Ventilation	<input type="checkbox"/> Action of other(s)	<input type="checkbox"/> Other _____	<input type="checkbox"/> PPE not used
<input type="checkbox"/> Lighting		<input type="checkbox"/> Other _____			

**SUPERVISOR'S FIRST REPORT OF INCIDENT / MISHAP**  
**ATTACH ADDITIONAL SHEETS OF PAPER AS NEEDED FOR NARRATIVES**

**EMPLOYEE SECTION**

**Employee statement on how incident occurred:**  check box if statement is attached

**Employee statement on how recurrence could be prevented:**  check box if statement is attached

**Describe in detail what employee was doing at time of incident (what, how, why):**  check box if statement is attached

**Describe what act / condition(s) contributed to the incident (i.e. improper use of equipment, wet floor, etc.):**  check box if statement is attached

**SUPERVISOR SECTION**

**Supervisors conclusions:**  check box if statement is attached

**Supervisors recommendation(s) to prevent recurrence: (Type of training, repair/replace equipment, etc.)**  check box if statement is attached

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Superintendent/Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Distribution:** City Safety Officer (Original)  
Department / Division (File copy)

Safety Officer will route copies as needed

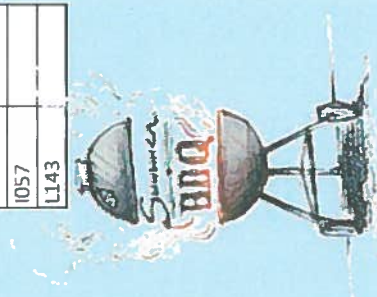


# AUGUST 2018

2210000 Building Services	
Q265	
X305	

2215200 GS/FM MOTOR POOL SRV	
D049	
M128	
S149	30-Aug

2245000 Airport	
I035	
I057	
L143	



4110100 PW/SS STREET MAINT	
D037	Smoke
D040	
D044	
E263	16-Aug
E323	
E332	15-Aug
E351	
E369	
L103	
L114	
L153	
L155	
Q186	
Q192	
Q253	21-Aug
R034	
R040	
R041	
R042	
S089	
S106	
S114	
S123	15-Aug
S124	
S132	17-Sep
S137	2-Aug
S138	25-Jul
S144	6-Aug

4125100PW/WQC C/SYS MAINT	
E314	9-Sep
E372	8-Jul
E386	20-Aug
L108	
V347	

4125400 PW/WQC PLANT MAINT	
V342	

4125410 PW SEWER & ELECT INSTR.	
V373	

4130100PW SOLID WASTE	
J141	7-Aug
J151	20-Aug
J155	23-Jul
J157	14-Aug
J160	29-Aug
J166	7-Aug
J167	8-Aug
J172	30-Aug
J173	8-Aug
J174	14-Aug
J176	6-Aug
J177	21-Aug
J178	7-Aug
J181	19-Aug
J183	23-Aug
J188	14-Aug
J192	7-Aug
J195	8-Aug
J196	4-Sep
J197	4-Sep
J198	5-Aug

6100000 PU, PROD & OPERATION	
E303	
Q184	3-Sep
Q230	3-Sep

4110300 PW STORM DRAIN	
E297	
E361	28-Aug

4110400PW, SIGNAL MAINTENANCE	
E358	

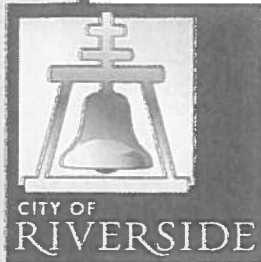
4130400PW/SS STREET CLEAN	
I058	
I059	
I060	
I061	
I063	
I064	
I065	
I066	
I067	
I069	
I070	

5215000 P&R PARKS	
H293	
L165	
Q243	
Q249	

6100000 PU, FIELD OPERATIONS	
D046	
D048	
E241	
E324	
E325	
E383	27-May
E384	
E400	25-Jun
E402	
E417	
L161	
Q258	

6205000 PU, WATER FIELD OPER	
E240	
E280	
E281	
E313	
E340	
E371	22-Aug
E373	
E374	
E425	
L141	
L142	
L148	
L150	
L151	
L157	
L164	
L166	
L170	
N813	
Q152	22-Aug
Q153	27-Aug
Q219	23-Aug
Q251	6-Aug
Q254	6-Aug
Q268	23-Aug
Q287	
Q288	
R045	
S127	28-Aug
S130	13-Sep
S135	13-Aug
S143	26-Jul
S145	23-Aug
S148	
V295	

9151600771 USAR	
H317	Smog



## MEMORANDUM

### General Services Department

**DATE:** 8/30/2018  
**TO:** ALL EMERGENCY CALL LOCATIONS  
**FROM:** GARRETT REYNOLDS – FLEET OPERATIONS MANAGER  
**RE:** EMERGENCY CALL INSTRUCTIONS FOR FLEET MANAGEMENT

The following is an updated listing of contacts and telephone numbers for emergency equipment maintenance services. Please distribute a copy to all supervisors in your respective department who are responsible for requesting emergency services.

Weekdays, 6:00 AM to 12:30 PM, call Fleet Management at (951) 351-6157.

Holidays, weekends, or between 12:30 AM and 6:00 AM:

<b>TOWING SERVICE:</b>	Exclusive Towing	(951) 682-2003
<b>TIRE SERVICE:</b>	Eagle Road Service	(951) 787-6884
<b>CNG FUEL ISLAND ALARMS:</b>	On Call Fleet Mechanic	(951) 329-7128 (Cell)

**OTHER EMERGENCIES:**

Alan McGregor, Asst Fleet Operations Manager	(951) 212-5030 (Cell)
Ken Lathrop, Fleet Mgmt Supervisor	(951) 313-4940 (Cell)
Waldo Parravicini, Fleet Mgmt Supervisor	(909) 697-0179 (Cell)
Garrett Reynolds, Fleet Operations Manager	(760) 596-1899 (Home) (760) 265-4078 (Cell)
Ed Luke, General Services Superintendent	(951) 789-6824 (Home) (951) 712-6763 (Cell)

All emergency towing and tire service requests must be reported to Fleet Management, x6157, on the first work day following the emergency request so that a Work Order and Purchase Authorization can be prepared on the services performed.

Please distribute this memo to superintendents and supervisors in your respective department.

cc: Carl Carey  
Ed Luke  
Alan McGregor  
Ken Lathrop  
Waldo Parravicini

UNIT#	DEPT	STATUS	DATE TURNED IN	EST COMPLETION DATE	DAYS HERE	DAYS OVER/UNDER ESTIMATE	August 30, 2018		
							FLEET MGMT UNIT STATUS LIST	LOCATION OF UNIT	OK TO OPERATE
B1594	Parking	WFP	16-Aug	28-Aug	14	2	Brakes / Steering / Axles	In Shop	Out of Service
B1597	Parks	OPN	22-Aug	27-Aug	8	3	A/C blower	Deadline	Out of Service
C1023	Parks	OPN	22-Aug	27-Aug	8	3	Trailer Brake Fault	Deadline	Out of Service
C1093	Streets	WVF	17-Aug	28-Aug	13	2	Engine Tapping	Fritts	Out of Service
C1104	Urban Forestry	OPN					Prep for Salvage	Ready Wall	Out of Service
C1107	Water	WVF	22-Aug	24-Aug	8	6	PM	Fritts	Out of Service
C1119	Parks	WFP	22-Aug	24-Aug	8	6	Seat Adjuster	Deadline	Out of Service
C1135	Building	OPN	21-Aug	27-Aug	9	3	A/C	Ready Wall	Out of Service
C1142	Meters	OPN	21-Aug	28-Aug	9	2	A/C	Deadline	Out of Service
C1143	Meters	WVF	17-Aug	23-Aug	13	7	Shift Linkage/Steering/Pm	Fritts	Out of Service
C1146	Sweeping	OPN	22-Aug	24-Aug	8	6	PM	Deadline	Out of Service
C1148	Water	OPN	22-Aug	30-Aug	8	0	No Oil / Suspension Squeek / Tire	Deadline	Out of Service
C1192	Water	WVF	11-Jun	31-Aug	80	-1	CEL	Fritts	Out of Service
C1281	Streets	OPN	22-Aug	24-Aug	8	6	PM	Deadline	Out of Service
C1378	Landscape	OPN	22-Aug	24-Aug	8	6	PM	Deadline	Out of Service
C1386	Water	WVF	22-Aug	24-Aug	8	6	PM	Fritts	Out of Service
C1398	Parks	WVF	22-Aug	24-Aug	8	6	PM	Fritts	Out of Service
C924	WQ	WND	10-Aug	22-Aug	20	8	Transmission	Deadline	Out of Service
C932	WQ	WFP	22-Aug	24-Aug	8	6	Alternator	Deadline	Out of Service
C977	WQ	WND	25-Jul	23-Aug	36	7	PCM	Deadline	Out of Service
C994	Code	OPN	20-Aug	24-Aug	10		Battery / Exhaust	Deadline	Out of Service
E332	Streets	WFD	3-Aug	23-Aug	27	7	Expired CNG Tanks	Deadline	Out of Service
E333	WQ						Prep for Salvage	Deadline	Out of Service
E365	Water	OPN	16-Aug	24-Aug	14	6	Wheel Bearings / Horn	Deadline	Out of Service
E375	Streets	OPN	21-Aug	28-Aug	9	2	Lamps/a/c /door handle	Deadline	Out of Service
E401	Water	WFD	2-May	20-Aug	120	10	Oil Leaks / Accident	Empire	Out of Service
E412	Streets	WND	16-Aug	24-Aug	14	6	CEL / A/C / Reverse Alarm	In Shop	Out of Service
E425	Water	OPN	22-Aug	24-Aug	8	6	PM	Deadline	Out of Service
E434	Energy	WFP	21-Aug	28-Aug	9	2	Hydraulic hose	Deadline	Out of Service
G283	Fleet	WND	5-Jul	28-Sep	56	-29	Dash Display Inop/Not Charging	Deadline	Out of Service
G289	Parking	OPN	22-May	28-Sep	100	-29	No Start	Deadline	Out of Service
G290	WQ	OPN	8-Jun	28-Sep	83	-29	Dept. No Longer Needs This	Deadline	Out of Service
G317	Parks	OPN	11-Jun	28-Sep	80	-29	Dead / No Start	Deadline	Out of Service
H177	Water	WFP	22-Aug	27-Aug	8	3	Radiator	Deadline	Out of Service
H252		OPN					Re-assign Department	Ready Wall	Out of Service



H293	Parks	OPN	9-Aug	27-Aug	21	3	Alternator	Deadline	Out of Service
H298	Refuse	WFP	2-Jul	16-Aug	59	14	CNG Valve	Deadline	Out of Service
H309		OPN					Re-assign Department	Ready Wall	Out of Service
H322	CSST	WND	20-Aug	23-Aug	10	7	Alignment	Deadline	Out of Service
H344	CSST	WND	16-Aug	24-Aug	14	6	Dies Out / Limp Mode	Deadline	Out of Service
H359	CSST	WFP	22-Aug	24-Aug	8	6	Shock Mount	Deadline	Out of Service
I064	Sweeping	OPN	17-Aug	23-Aug	13	7	Check Eng. Light/Bent shoe	Deadline	Out of Service
I065	Sweeping	WND	22-Aug	28-Aug	8	2	Brakes / Gutter Brrom	Deadline	Out of Service
I067	Sweeping	WFP	17-Aug	28-Aug	13	2	Lower Elevator Shaft / Tire	Deadline	Out of Service
I068	Sweeping	WND	21-Aug	24-Aug	9	6	CEL / Tire / Deflector	Sweeper Line	Out of Service
J167	Refuse	WFP	15-Aug	26-Aug	15	4	Steering	Deadline	Out of Service
J168	Refuse	WFD	1-Aug	31-Aug	29	-1	Tanks Expired	Deadline	Out of Service
J173	Refuse	WND	8-Aug	27-Aug	22	3	Packing Rams	Deadline	Out of Service
J175	Refuse	WFP	17-Aug	27-Aug	13	3	Hyd Pump	Deadline	Out of Service
K300	Streets	OPN	17-Aug	23-Aug	13	7	Throttle	Deadline	Out of Service
L134	Water	WND	3-Aug	20-Aug	27	10	Zipper Attachment	Deadline	Out of Service
L139	Water	OPN	20-Aug	27-Aug	10	3	Overheat Light and Alarm	Deadline	Out of Service
L147	Water	WV	6-Aug	20-Aug	24	10	Tie Rod Broken / Hyd Leak	RDO	Out of Service
L148	Water	OPN	15-Aug	20-Aug	15	10	Roof Cap / Lights	Deadline	Out of Service
L153	Streets	WND	8-Aug	14-Aug	22	16	Hyd Leak	Deadline	Out of Service
L164	Water	OPN	15-Aug	22-Aug	15	8	PM / Boom Lines / Tire	Deadline	Out of Service
N819		WND	31-Jul	30-Aug	30	0	Edges / Sprockets	Deadline	Out of Service
P049	Water	OPN	21-Aug	28-Aug	9	2	Blue Smoke/Overfilled oil	Deadline	Out of Service
Q228	Recreation	OPN	15-Mar	20-Aug	168	10	Awning / Tires	Ready Wall	Out of Service
Q250	Water	WND	16-Aug	24-Aug	14	6	Brakes / Pintle	Deadline	Out of Service
Q265	Building Services	OPN	21-Aug	28-Aug	9	2	PM	Deadline	Out of Service
R041	Streets	OPN	21-Aug	28-Aug	9	2	Transmission/PM	Deadline	Out of Service
V340	Water	OPN	21-Aug	28-Aug	9	2	Hard Start/not stay running	Deadline	Out of Service
W019	Streets	WFD	7-Mar	31-Aug	176	-1	Hole in Block	Deadline	Out of Service
X336		WV	22-Aug	23-Aug	8	7	PM	Fritts	Out of Service
B1392	Energy	DONE	1-Aug	1-Aug	29	29	PM	Ready Wall	Yes
B1404	Revenue	DONE	15-Aug	20-Aug	15	10	A/C / Brake Check	Ready Wall	Yes
B1539	PWE	DONE	21-Aug	10-Aug	9		A/C	Ready Wall	Yes
B1701	WQ	DONE	8-Aug	9-Aug	22	21	PM	Ready Wall	Yes
C1059	Water	DONE	22-Aug	24-Aug	8	6	A/C	Ready Wall	Yes
C1112	Water	DONE	14-Aug	16-Aug	16	14	PM	Ready Wall	Yes
C1198	Meters	DONE	21-Aug	27-Aug	9	3	Battery/Oil Light	Ready Wall	Yes
C1211	Streets	DONE	22-Aug	23-Aug	8	7	Tire	Ready Wall	Yes



	PWE	DONE	22-Aug	23-Aug	8	7	PM	Ready Wall	Yes
C1377		DONE	22-Aug	23-Aug	8	7			Yes
C1401	Water	DONE	21-Aug	27-Aug	9	3	PM/Brake Insp.	Deadline	Yes
C1451	Meters	DONE	22-Aug	23-Aug	8	7	Asset Stickers	Ready Wall	Yes
E279	WQ	DONE	8-Aug	11-Aug	22	19	A/C	Ready Wall	Yes
E358	Traffic	DONE	16-Aug	24-Aug	14	6	Center Support Bearing	Ready Wall	Yes
I062	Water	DONE	21-Aug	24-Aug	9	6	Batteries	Ready Wall	Yes

# City of Riverside Fleet Maintenance

## Work Order Notes:

Job Code		Start Date/Time:	Start Date/Time:	Miles/Hrs	M/S Tech	Unit #
WAC	System Component	Stop Date/Time:	Stop Date/Time:	M4 W.O. Number	W.O. Number	W.O. Status
		Mech#:	Mech#:	Status:	Mech#:	Status:

## Job Notes:

## Mech Notes:

Job Code		Start Date/Time:	Start Date/Time:	Miles/Hrs	M/S Tech	Unit #
WAC	System Component	Stop Date/Time:	Stop Date/Time:	M4 W.O. Number	W.O. Number	W.O. Status
		Mech#:	Mech#:	Status:	Mech#:	Status:

## Job Notes:

## Mech Notes:

Job Code		Start Date/Time:	Start Date/Time:	Miles/Hrs	M/S Tech	Unit #
WAC	System Component	Stop Date/Time:	Stop Date/Time:	M4 W.O. Number	W.O. Number	W.O. Status
		Mech#:	Mech#:	Status:	Mech#:	Status:

## Job Notes:

## Mech Notes:

## QTY Parts Used

## Vendor Information
