# Vehicle Defect Form

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| **[Insert your organisation’s name here]**NOTE: All damage and/or faults should be recorded on this form, whether or not they are “new”This form must be handed in to the office |
| Date:  | Odometer Reading: |
| Registration No: | Driver: |
| DEFECT AREA (tick appropriate boxes) |
| Battery |  | Fuel/oil leaks |  | Seats/seatbelts |  |
| Body (ext) |  | Windows |  | Steering/suspension |  |
| Body (int) |  | Heating/vent |  | Passenger lift/ramp |  |
| Brakes |  | Horn/alarms |  | Wheels/tyres |  |
| Coolant |  | Lights/indicators |  | Wipers/washers |  |
| Door |  | Engine/gearbox |  | Mirrors |  |
|  |  |  |  |  |  |
| PLEASE GIVE BRIEF DETAILS OF FAULT AND/OR SYMPTOMS BELOW |
| Defect Repaired/Rectified. Yes/No | Vehicle booked into garage. Yes/No |
| Remarks | Remarks |
| Date: | Date fault repaired: |
| Signed: | Signed: |
| Appointment/position | Appointment/position |