The Arc Vehicle Repair Order

Date: _____
Vehicle #: _____
Location: _____

Description of Problem: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Submitted by: _____
Position: _____

(for office use only)

Scheduled by: _____ at (Garage): _____ Date: _____
Time: _____

All repairs completed? YES NO (reason): _____
_____
_____

Any PM maintenance or other repairs done at the time: _____
_____
_____
_____
_____
_____
_____
_____
_____

LI: _____ by: _____