

# TOTAL WAREHOUSE

## 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:

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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: \_\_\_\_\_