

**AUSTRALIAN AUTOMOTIVE RESEARCH CENTRE**

**EQUIPMENT DEFECT FORM**

Date: .....

Vehicle or Equipment: .....

Fleet Number: .....

Mileage: .....

Type of Defect: .....

.....  
.....  
.....  
.....

Signed: .....

Print Name: .....

**DEFECT REPAIRED**

Date: .....

Signed: .....

Print Name: .....