

Did any defects develop or are any repairs required?

YES / NO

If YES, what are they?

Is the tramcar fit to use again?

YES / NO

If NO, why?

HAS THE MOBILE PHONE AND MEDICAL KIT BEEN RETURNED?

YES / NO

Driver's Signature: _____

Membership No.: _____

Date: _____

Maintenance Section Only:

Date Defects Noted: _____

Date Repairs Carried Out: _____

Repairer's Name: _____

Repairer's Signature: _____

Membership No.: _____

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