

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.: _____
STM6031B-version 1.5 Revised: 18/06/2010

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