

DEFECT / REPAIR DOCUMENTATION FORM

Compliant with 49 CFR §396.11 & §396.13

Vehicle Information

- Carrier / Company: _____
- Unit Number: _____
- VIN: _____
- Date Reported: _____
- Reported By (Driver/Manager): _____

Defect(s) Reported

(List all defects noted during DOT inspection, DVIR, or service intake)

- 1.
- 2.
- 3.
- 4.

Mechanic Inspection Findings

(To be completed by Fleet Innovations technician)

- Verified Defect(s):
- Additional Issues Found (Optional):

Repairs Performed

(Document all corrective actions taken)

- Repair Description:
- Parts Used (If Applicable):

- Labor Performed By: _____
- Date Completed: _____

Post-Repair Verification

(Required by FMCSA — driver or authorized representative must confirm repairs)

- Driver / Representative Name: _____
- Signature: _____
- Date: _____

Inspector / Mechanic Certification

I certify that the above defects have been repaired and the vehicle is safe for operation.

- Technician Name: _____
- Technician Signature: _____
- Date: _____