DHPD Stryker Repair Form

Equipment Type:

☐ Pram ☐ Stair Chair ☐ Powerloader

Reporting Crew Name

Receiving VST Name

Date

Time

Vehicle #

Shift #

Pram #

Was this equipment defective when issued?

☐ Yes ☐ No

Did this equipment become inoperable in the field? If yes, Crew MUST contact on-duty command staff.

☐ Yes ☐ No

Command Staff Name

Time Contacted

Description of the Problem

Description of damage sustained or any potential contributing event

VST Only- Serial Number

VST Signature

Date

Time

VST Inspection and Troubleshooting Report