

HARRISBURG R-VIII SCHOOL DISTRICT BUS REPAIR FORM

Date of Referral:

Bus #:

Bus Driver:

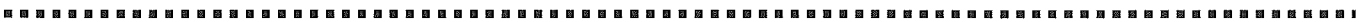
Bus Driver Phone #:

Repair Needs: Immediate attention
 Attention in the near future
 Tire replacement

Driver Comments:

Driver signature:

Date Submitted:



Mechanic comments:

Problem Resolved: Yes No

Mechanic signature:

Date completed: