STATE OF NEVADA
DEPARTMENT OF TRANSPORTATION
EQUIPMENT REPAIR FORM UTILIZED BY THE I.A. LAB

Lab Trailer No.: _____ Crew No.: _____ Location: _____

Fixed Asset Number: _____ Equipment Description: _____

Date Repair Reported: _____ Date Repair Completed: _____

Reported Problem: _____

Diagnostics, Parts Replaced and Repairs Completed on Broken Equipment:

Independent Assurance Lab: _____ Date: _____

Resident Engineer: _____ Date: _____