

# SITE SAMURAI

## VEHICLE / PLANT DEFECT REPORT

Report all defects immediately — do not operate defective equipment

### 1. ASSET DETAILS

Registration / Asset ID: .....

Vehicle / Plant Type: .....

Current Location / Site: .....

Date of Defect (dd/mm/yyyy): .....

Time Defect Identified: .....

Odometer / Hours Reading: .....

### 2. DEFECT CATEGORY

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Engine / Drivetrain   | <input type="checkbox"/> Hydraulics       | <input type="checkbox"/> Electrical            |
| <input type="checkbox"/> Structural / Bodywork | <input type="checkbox"/> Safety Equipment | <input type="checkbox"/> Tyres / Tracks        |
| <input type="checkbox"/> Brakes                | <input type="checkbox"/> Steering         | <input type="checkbox"/> Other (specify below) |

### 3. DEFECT SEVERITY

- CRITICAL** — Immediate safety risk — asset must be taken out of service immediately
- MAJOR** — Significant defect affecting safe operation — repair required before next use
- MINOR** — Cosmetic or minor issue — schedule repair within normal maintenance cycle

### 4. DEFECT DESCRIPTION

Describe the defect in detail, including what you observed and when:

- Photos attached

## 5. IMMEDIATE ACTION TAKEN

### Vehicle / Plant taken out of service?

- Yes — keys removed, asset isolated  
 No — safe to continue with restrictions

Supervisor Notified (Name):

Date / Time Notified:

.....  
.....

## 6. REPORTED BY

Name:

Company:

Date (dd/mm/yyyy):

.....  
.....  
.....

## 7. REPAIR DETAILS (Workshop / Maintenance Use)

Repair Description:

Parts Required:

Repair Completed Date:

Repair Completed By:

Total Repair Cost (£):

.....  
.....  
.....  
.....

## 8. RETURN TO SERVICE

Repair Verified By:

Return to Service Date:

.....  
.....

Confirmation: All defects have been rectified and the asset is safe to return to service.

Reporter:

Supervisor:

\_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mechanic / Fitter:

Transport Manager:

\_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_