



KENYATTA UNIVERSITY
TRANSPORT SECTION

VEHICLE DEFECTS REPORT

DATE: _____

SPEEDO READING: _____

VEHICLE REG. NO. _____ MAKE: _____ TYPE: _____

Defects:

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

Reporting Driver: _____

Signature: _____

Supervisor's Name: _____

(Transport Office)

Signature: _____

Remarks: _____

Reported to In-charge Light/Heavy Vehicles

Name : _____ Date: _____

Signature: _____

Approved for repair by: _____

(Transport Manager/Senior Transport Clerk)