

DSP MAINTENANCE AND REPAIR REPORT			
SAFETY AND WEIGHT ENFORCEMENT FACILITIES WEIGHT ENFORCEMENT EQUIPMENT			
TYPE OF REPORT			
INITIAL REPORT <input type="checkbox"/>	STATUS REPORT <input type="checkbox"/>	COMPLETION REPORT <input type="checkbox"/>	
PURPOSE			
To speed the resolution of problems and to record maintenance and repair needs at SWEF's for portable wheel weighers and portable WIM systems.			
INSTRUCTIONS			
<ol style="list-style-type: none"> Complete this form when the problem occurs. If the form is completed by an inspector, it should be submitted to his/her immediate supervisor for approval. After the report is approved, one copy is to be sent to the Lieutenant of the Motor Carrier Section at Division Headquarters and one copy is to be retained at the Region Headquarters. If the repairs are necessary as a result of accidental or deliberate damage, a third copy of the report should be sent to: <div style="text-align: center;">DOT Risk Management Ann M Bailey - AnnM.Bailey@dot.wi.gov</div> Status section of the report must be completed monthly and forwarded to the Lieutenant of the Motor Carriers Section at Division Headquarters until the project is completed. 			
REPORT			
Control Code (Choose one and complete data)			
1. <input type="checkbox"/> SWEF #	Name:		
2. <input type="checkbox"/> Portable Wheel Weigher	Serial #	Region	
3. <input type="checkbox"/> Portable WIM	Serial #	Region	
4. Date of this report			
TYPE OF WORK NEEDED			
Select one: <input type="checkbox"/> Maintenance <input type="checkbox"/> Unplanned Occurrence			
DATE AND TIME OF OCCURRENCE			
Date:	Time:	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Unknown
LIGHTNING			
Was there a lightning or thunderstorm prior to the incident?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
TYPE OF DAMAGE			
<input type="checkbox"/> Deliberate	<input type="checkbox"/> Accidental	<input type="checkbox"/> Other	
Was a Police/Sheriff report written? <input type="checkbox"/> Yes <input type="checkbox"/> No			

If yes, by what agency?

Agency's assigned case number:

Briefly describe incident or problem:

COST AND REPAIR

Estimated cost of work: \$ Unknown

Estimate provided by:

Estimated completion date:

Repairs will be performed by:

REPORTED BY

Matter was first reported to:

Name

Region Division Headquarters

Date

Name of person reporting:

Region WSP #

STATUS OR COMPLETION REPORT

STATUS **COMPLETION**

NOTE: This is to be completed monthly or when the problem is resolved. Please briefly explain what has taken place to resolve the problem. Was the problem the same as originally reported?

Out of service dates: From To

Actual cost of work: \$

Who did the work?

Name of person reporting:

Region WSP #