California Governor's Office of Emergency Services (Cal OES) – Fire and Rescue Division

FLEET MAINTENANCE WORKSHEET (FORM 161)

Save
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Reset

I ASSIGNEE

Date: _____ Assignee Department Name: _____

Unit#: _____ Region: 1 ◯ 2N ◯ 2S ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ OP Area/County: _____

License: _____ Make: _____ Model: _____ Year: _____

VIN#: | | | | | | | | | | | | | | | | |

Engine Status: In Service ◯ Out of Service ◯ Mileage: _____ Date: _____

Main Point of Contact for this Repair *(Identify the individual to contact for any questions)*

Name: _____ Title: _____ Phone: _____

Email: _____ Cell: _____ Fax: _____

Secondary Point of Contact *(If main point of contact is not available)*

Name: _____ Title: _____ Phone: _____

Email: _____ Cell: _____ Fax: _____

VERY IMPORTANT–DETAIL WORK TO BE DONE–DO NOT USE THIS SPACE FOR ESTIMATED EXPENSES

(If more space is needed, add another sheet)

Work to be completed by:

Vendor: _____ **Cost Estimate:** _____

Address, City, State, Zip: _____

Contact Name: _____ Contact Title: _____

Contact Phone: _____ Contact Fax: _____ **Final Invoice Total:** _____

VERY IMPORTANT–ENSURE THE ATTACHED ESTIMATE LISTS THE BREAKDOWN OF LABOR, PARTS, SHIPPING AND TAX

II CAL OES

Cal OES Tracking:	**DGS Auto Inspector:**	**Cal OES Tracking:**
161–Date Rcvd: _____	AI Name: _____	Fire PO#: _____
Est–Date Rcvd: _____	Date Fax/Scan/Call: _____	PO#: _____
To Fleet Review: _____	AI Authorization#: _____	PCA#: _____
Fleet Approval Date: _____	AI Approval Date: _____	Fire#-Assignee: _____
Fleet Approver: _____		Fire#-Vendor: _____
Fire A/C: _____		Date: _____

III ASSIGNEE

Once service/repairs noted above are complete, sign the statement below. Then scan/email this document to the Fleet Analyst (preferred) or fax to (916) 845-8396.

NOTE: ENSURE THIS SERVICE/REPAIR IS NOTED IN THE VEHICLE MAINTENANCE LOG

I, _____ do hereby certify that the repairs above were completed. The invoice may be stock received by Cal OES personnel and processed for payment.

Signature: _____ Title: _____ Date: _____

To AI: _____ Returned: _____ To S/R: _____ S/R: _____