## Southern Health Sud

## **FLEET MANAGEMENT**

## **VEHICLE RECALL FORM**

Vehicle Plate No.:	
Vehicle Description:	
Facility/Location:	
Vehicle Manager:	
Program Manager:	
To Whom it May Concern:	
•	or regulated vehicle, the operator must, without delay, remedy the defect turer's instructions.
These notification from the man and be retained on file for at lea	ufacturer shall be attached to this form, along with the Service Invoice, st two years.
Description of Service (Notice o	f Defect and Remedy):
Date of Service:	
Vehicle Manager Signature:	
Date:	
-	
CC: Program Manager, Commer	cial Fleet Safety Central Repository