Malfunction / Tamper Record
Intelligent Access Program

- All fields are **mandatory**
- This written record of the malfunction / tamper report must be kept for at least four years

Report Type

Malfunction ☐	**Tamper** ☐

In-Vehicle Unit (IVU) number: | Date of report:

Vehicle Details

Vehicle registration:	State:	VIN / Chassis:

Transport Operator Details

Company:

Contact person:

Contact phone number:	Contact email address:

IAP Service Provider Details

Company:

Contact person:

Contact phone number:	Contact email address:

Event Details

Date of first known occurrence:	Target resolution date:

Status: New ☐   Update ☐   Resolved ☐   Status date:

Identified by: Driver ☐   Transport Operator ☐   IAP Service Provider ☐

Report method: Telephone ☐   Fax ☐   Email ☐   Radio ☐

Location: *(Street name)*	Location: *(Suburb / town)*
Name of person the notification was identified by:	Name of person the notification was made to:

Description:

Resolution Details