Michigan Department Of Transportation 0499 (04/13)

ELECTRICAL DEVICES TROUBLE REPORT

PRINT LEGIBLY. This form does not need to be typewritten.													JOB REPORT NO.		
LOCATION													REFERENCE NO.		
REPORTED BY TIME CALL RECEIVED AM PM												\Box AM	DATE		
TIME ELECTRICIAN NOTIFIED AM			TIME ARRIVED			TIME COMPLETED AM			i			TRUC	K NO.	DATE	
(Type (✓ One) ☐ SIGNAL ☐ FLASHER ☐ KEEP RIGHT ☐ O'HEAD LUMIN	TROUBLE	RED OUT	YELLOW OUT	GREEN OUT	NO COLOR	DON'T WALK OUT	WALK OUT	SIGNA FLAS	AL in	POWER FAILURE	TIMI PROB		SIGNAL LOW	OTHER (NOTE IN REMARKS	
	REPORTED														
OTHER	FOUND														
REMARKS															
-															
DESCRIPTION OF W	VORK PERFC	RMED													
ELECTRICIAN(S) (SIGNATURE)													DATE		
CALL RECEIVED BY				REI	REPORT APPROVED BY (SIGNATURE							DATE			