



Malfunction Record Intelligent Access Program



To report malfunctions: e-mail: IAP_Malfunction@rta.nsw.gov.au fax: (02) 6732 9116 call: 1300 364 847 then press 2

MALFUNCTION DETAILS			
Date the malfunction was noticed		Time the malfunction was noticed	
Vehicle registration number			
<i>In the next section, please state the exact location where the malfunction was identified</i>			
Street number or nearest location		Street name	
Suburb/town or nearest town			
Distance from nearest town			
Description of malfunction:			
MALFUNCTION REPORT DETAILS			
DRIVER TO COMPLETE			
Details of the transport operator to whom the report was made		How was the report made? <i>Please tick a box below</i>	
Contact name		<input type="checkbox"/>	In person
Company		<input type="checkbox"/>	Telephone
Phone		<input type="checkbox"/>	Fax
Date		<input type="checkbox"/>	Email
Time		<input type="checkbox"/>	Radio
TRANSPORT OPERATOR TO COMPLETE			
Details of the road authority officer to whom the report was made		How was the report made? <i>Please tick as box below</i>	
Contact name		<input type="checkbox"/>	In person
Company		<input type="checkbox"/>	Telephone
Phone		<input type="checkbox"/>	Fax
Date		<input type="checkbox"/>	Email
Time			
Details of the IAP Service Provider officer to whom the report was made		How was the report made? <i>Please tick as box below</i>	
Contact name		<input type="checkbox"/>	In person
Company		<input type="checkbox"/>	Telephone
Phone		<input type="checkbox"/>	Fax
Date		<input type="checkbox"/>	Email
Time		<input type="checkbox"/>	Radio
Name of driver who reported the malfunction: (only if the driver brought the malfunction to your attention)			
Driver's name:			
DETAILS OF THE PERSON MAKING THIS RECORD			
Name			
Date		Time	
Signature			
This written record of the malfunction report must be kept for at least four years			