Attachment A
OP-040401

CTU ACTIVITY REPORT

Time _____ Date _____

	Reported for duty for Route _____
	All officers have read and understood CTU Post Order PM-040102-01 _____ _____ _____
	Inspected Vehicle #_____
	Fire extinguishers and first aid kits present with seals intact
	All fluid levels in unit # _____okay
	Number restraints checked out _____
	List any damage found on vehicle:

_____

Route Supervisor's Signature

(R 5/09)