Revised: August 4, 2023

OPERATIONAL SE	SD ERVICES DIVISION		Plate Number Make/Model Month / Year				-		The Co	Operational S Office of Vehic	f Massachusetts Services Division Ile Management Driver Activity Log
Agency Name:	:		Unit Code:		-	Usage Type (circle one	FUUI	Assigned	Seasonal	Emergency	
Driver Name: Start Date:	Start Time:	End Date:	End Time:	Vehicle Condition (check vehicle both before & after use, then circle all that apply)>	No Damage Existing Damage New Damage (attach details separately)	Driver Name: Start Date:	Start Time:	End Date:	End Time:	Vehicle Condition (check vehicle both before & after use, then circle all that apply)>	No Damage Existing Damage New Damage (attach details separately)
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All Vehicle / Driver Activity Logs must be submitted to the Agency Fleet Manager on the last day of each month. Individual Agencies/Departments may have additional processes to follow. Check with the Agency Fleet Manager.