

# Maintenance Work Order

MOD Format 707B(C17A)  
(Established May 23)

JULIAN DATE

Originator

LIS JCN

Work Type <input type="checkbox"/>	A/F Hrs <input type="text"/>	SNOW	A/C Ser No.	Day	Mth	Yr	Start Time/Date	Time	Day	Mth	Yr
Symptom				Fault				Action/Work Done			
When Discovered (Code)				IAW T.O 1C-17A-06				Original ADF/LIM/Loose Article ORN			

SMR/SOOPMR/CLR  F700 Pt 1  Name  Signature

Re-forecast Information Now Due  F700 Pt 2

G081 INFORMATION	FOR WORK TYPE A, C, D, H, M OR S	FOR WORK TYPE B OR S	CODING IAW T.O C-17A-06	FOR WORK TYPE T	CODING IAW T.O 1C-17A-06
	SUPPORT CODE	REF DES	Fault	TCTO DATA CODE	Fault
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	JCN (G081 USE ONLY)	Action/Work Done			

3	<b>Assembly</b>	Description	Serial No.	<input type="text"/>	If Assembly Replaced Mark Box with (X)
	Prefix & Ident No.				
	<b>Sub Assy</b>	Description	Serial No.	<input type="text"/>	If Sub Assembly Replaced Mark Box with (X)
	Prefix & Ident No.				
<b>Item</b>	Description	Serial No.	<input type="text"/>	Quantity	If Item Replaced Mark Box with (X)
Prefix & Ident No.					
<b>Replacement</b>	Description	Serial No.	<input type="text"/>	If Ident Number Different from that Removed, Mark Box with (X)	
Prefix & Ident No.					

4	Removed Component Condition (X)									
	Serv	T/R2	T3/4	R3/4	Scrap					
	Additional Item Idents (X) sheets									
	1	2	3	4	5	6	7	8	9	10
	11	12	13	14	15	16	17	18	19	20
	MRP 145 LOTO MANAGEMENT AID									
REQUIRED (X)	RAISED (X)	DATE CLOSED								
1	<input type="checkbox"/>	<input type="checkbox"/>								
2	<input type="checkbox"/>	<input type="checkbox"/>								
3	<input type="checkbox"/>	<input type="checkbox"/>								
4	<input type="checkbox"/>	<input type="checkbox"/>								
5	<input type="checkbox"/>	<input type="checkbox"/>								
6	<input type="checkbox"/>	<input type="checkbox"/>								
7	<input type="checkbox"/>	<input type="checkbox"/>								
8	<input type="checkbox"/>	<input type="checkbox"/>								

Continuation Sheets (X)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80

6	Trade	Working Hours	Crew Size	Trade	Working Hours	Crew Size	Trade	Working Hours	Crew Size
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7	Management Aid	
8	Name	Time/Date
	<input type="text"/>	<input type="text"/>
	Signature	<input type="text"/>

# Certificate of Work

Work Required	Trade Code	Work Done	Tradesperson			Supervisor		
			Working Hours	Time	Signature	Working Hours	Time	Signature
				Date	Printed Name		Date	Printed Name
1			•			•		
2			•			•		
3			•			•		
4			•			•		
5			•			•		
6			•			•		
7			•			•		
8			•			•		
9			•			•		
10			•			•		
11			•			•		
12			•			•		
13			•			•		
14			•			•		