

Omnibus Work Order

Sheet/
Serial No.

Bar
Code

Work Type	Originating Ship/Sqn/Unit	SNOW	A/C Ser No.	Day	Mth	Yr	Task Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reporting Ship/Sqn/Unit: Work Centre: Continuation Sheets (x)

1	2	3	4	5	6	7	8	9	10
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Item Description:
Prefix & Ident No.

11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30

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Option	Work Detail & References:
A	
B	
C	
D	
E	

Work Done (Including Loose Article Checks)	Tradesperson	Supervisor	Co-ordinator
Item Serial No. <input type="text"/>	Signature		
Work completed in accordance with the Work Detail/Option and references entered in Area 1. (✓ or Option Code) <input type="checkbox"/>	Printed Name		
OR: Work not completed. Item transferred to Work	Time		
Order No: SNOW <input type="text"/> A/C Ser No. <input type="text"/> Day <input type="text"/> Mth <input type="text"/> Yr <input type="text"/>	Date		
	Trade Code	Working Hrs	
Item Serial No. <input type="text"/>	Signature		
Work completed in accordance with the Work Detail/Option and references entered in Area 1. (✓ or Option Code) <input type="checkbox"/>	Printed Name		
OR: Work not completed. Item transferred to Work	Time		
Order No: SNOW <input type="text"/> A/C Ser No. <input type="text"/> Day <input type="text"/> Mth <input type="text"/> Yr <input type="text"/>	Date		
	Trade Code	Working Hrs	
Item Serial No. <input type="text"/>	Signature		
Work completed in accordance with the Work Detail/Option and references entered in Area 1. (✓ or Option Code) <input type="checkbox"/>	Printed Name		
OR: Work not completed. Item transferred to Work	Time		
Order No: SNOW <input type="text"/> A/C Ser No. <input type="text"/> Day <input type="text"/> Mth <input type="text"/> Yr <input type="text"/>	Date		
	Trade Code	Working Hrs	
Item Serial No. <input type="text"/>	Signature		
Work completed in accordance with the Work Detail/Option and references entered in Area 1. (✓ or Option Code) <input type="checkbox"/>	Printed Name		
OR: Work not completed. Item transferred to Work	Time		
Order No: SNOW <input type="text"/> A/C Ser No. <input type="text"/> Day <input type="text"/> Mth <input type="text"/> Yr <input type="text"/>	Date		
	Trade Code	Working Hrs	

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Trade	Working Hours	Trade	Working Hours	Trade	Working Hours	Trade	Working Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Management Aid	5
	Co-ordination Time/Date <input type="text"/>
	Name <input type="text"/> Signature <input type="text"/>

