

Maintenance Work Order

(Compile IAW JAP100C-02)

Note: Sheet 1 is MDS copy. For Non MDS Reportable Work, Remove Sheet 1 and use only Sheet 2.

Sheet / Serial No.	
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Bar Code	LIS JCN
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Work Type	Originating Ship/Sqn/Unit	SNOW	A/C Ser No.	Day	Mth	Yr	Start Time/Date	Time	Day	Mth	Yr
Symptom			Fault		NRF (*)		Action / Work Done		ADF (*)	LIM (*)	
When / How Found (Code)		In Use (*)		Work Centre							

A/C Type	A/F Hrs	WIN	Original ADF/Limitation ORN
Installation Type		WUC	
M Equip	Serial No.	Unit & Usage	
Description:		Additional Info	

Assembly	Description	Serial No.		Removed Component Condition (*) <table border="1"> <tr> <td>Serv.</td> <td>T/R2</td> <td>T3/4</td> <td>R3/4</td> <td>Scrap</td> </tr> <tr> <td colspan="2">Units</td> <td colspan="3">Usage</td> </tr> <tr> <td>Primary</td> <td></td> <td colspan="3">Removed Component</td> </tr> <tr> <td>Secondary</td> <td></td> <td colspan="3">Removed Component</td> </tr> <tr> <td>Other</td> <td></td> <td colspan="3">Removed Component</td> </tr> </table>	Serv.	T/R2	T3/4	R3/4	Scrap	Units		Usage			Primary		Removed Component			Secondary		Removed Component			Other		Removed Component		
Serv.	T/R2	T3/4	R3/4		Scrap																								
Units		Usage																											
Primary		Removed Component																											
Secondary		Removed Component																											
Other		Removed Component																											
Prefix & Ident No.		If Assembly Replaced Mark Box with (*)																											
Sub Assy	Description	Serial No.																											
Prefix & Ident No.		If Sub Assembly Replaced Mark Box with (*)																											
Item	Description	Serial No.																											
Prefix & Ident No.		If Item Replaced Mark Box with (*)																											
Replacement	Description	Serial No.																											
Prefix & Ident No.		If Ident Number Different from that Removed, Mark Box with (*)																											

Continuation Sheets (*)	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
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Trade	Working Hours	Trade	Working Hours	Trade	Working Hours	Trade	Working Hours

Management Aid	If LIS Action is Required Mark Box with (*)	Co-ordination	Time / Date
		Name	Sign on Sheet 2

Maintenance Work Order

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Sheet / Serial No.

Bar Code LIS JCN

Work Type	Originating Ship/Sqn/Unit	SNOW	A/C Ser No.	Day	Mth	Yr	Start Time/Date	Time	Day	Mth	Yr
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Symptom		Fault		NRF (✖)		Action / Work Done		ADF (✖)		LIM (✖)	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
When / How Found (Code)		In Use (✖)		Work Centre							
<input type="text"/>		<input type="text"/>		<input type="text"/>							

A/C Type	A/F Hrs	WIN	Original ADF/Limitation ORN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Installation Type	WUC	BITE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
M Equip	Serial No.	Unit & Usage	Reporting Ship/Sqn/Unit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description:		Additional Info	
<input type="text"/>		<input type="text"/>	
If Main Equipment Replaced Mark Box with (✖)			

3	Assembly	Description	Serial No.	4	Removed Component Condition (✖)										
	Prefix & Ident No.	If Assembly Replaced Mark Box with (✖)			Serv.	T/R2	T3/4	R3/4	Scrap						
						Units		Usage							
						Removed Component		Removed Component							
	Sub Assy	Description	Serial No.		Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
	Prefix & Ident No.	If Sub Assembly Replaced Mark Box with (✖)			Secondary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
						Other	<input type="text"/>	<input type="text"/>	<input type="text"/>						
	Item	Description	Serial No.		Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
	Prefix & Ident No.	If Item Replaced Mark Box with (✖)			Secondary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
						Other	<input type="text"/>	<input type="text"/>	<input type="text"/>						
	Replacement	Description	Serial No.		Additional Item Idents (✖)										
	Prefix & Ident No.	If Ident Number Different from that Removed, Mark Box with (✖)			1	2	3	4	5	6	7	8	9	10	
						11	12	13	14	15	16	17	18	19	20

5 Continuation Sheets (✖)

6	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"/>

7	Management Aid	If LIS Action is Required Mark Box with (✖)	8	Co-ordination	Time / Date
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
				Name	Signature
				<input type="text"/>	<input type="text"/>

