

Maintenance Work Order

MOD Form 707B(ADP)

(Revised Mar 22)

Sheet 1

PPQ = 1000

(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.

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					
	Sub Assy	Description	Serial No.		Units	Usage								
	Prefix & Ident No.	If Sub Assembly Replaced Mark Box with (✖)			Primary	Removed Component								
Item	Description	Serial No.	If Item Replaced Mark Box with (✖)		Secondary	Removed Component								
Replacement	Description	Serial No.	If Ident Number Different from that Removed, Mark Box with (✖)		Other	Removed Component								
Prefix & Ident No.				Additional Item Idents (✖)										
					1	2	3	4	5	6	7	8	9	10
					11	12	13	14	15	16	17	18	19	20

5 Continuation Sheets (✖)

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	Sign on Sheet 2
		<input type="text"/>	<input type="text"/>

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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
<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								
	Primary	<input type="text"/>	<input type="text"/>		Removed Component		<input type="text"/>									
3	Sub Assy	Description	Serial No.	4	Secondary	<input type="text"/>	<input type="text"/>		<input type="text"/>							
	Prefix & Ident No.	If Sub Assembly Replaced Mark Box with (✖)			Other	<input type="text"/>	<input type="text"/>		<input type="text"/>							
						Removed Component		<input type="text"/>		<input type="text"/>						
	Primary	<input type="text"/>	<input type="text"/>		Removed Component		<input type="text"/>		<input type="text"/>							
3	Item	Description	Serial No.	4	Secondary	<input type="text"/>	<input type="text"/>		<input type="text"/>							
	Prefix & Ident No.	If Item Replaced Mark Box with (✖)			Other	<input type="text"/>	<input type="text"/>		<input type="text"/>							
						Removed Component		<input type="text"/>		<input type="text"/>						
	Primary	<input type="text"/>	<input type="text"/>		Removed Component		<input type="text"/>		<input type="text"/>							
3	Replacement	Description	Serial No.	4	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"/>
				Name	<input type="text"/>

Certificate of Work

*RN Only

Work Required	Trade Code W/Hrs*	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			•			•		