

Maintenance Work Order

MOD Format 707B(ADP)
(Revised Mar 22)

(Compile IAW JAP100C-02)

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		Reporting Ship/Sqn/Unit		
<input type="text"/>	<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"/>		<input type="text"/>		

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						
	Sub Assy	Description	Serial No.		Primary	Removed Component							
				Secondary									
				Other									
				Primary	Removed Component								
				Secondary									
				Other									
				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 (*)

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"/>	<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"/>	<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 Date	Signature Printed Name	Working Hours	Time Date	Signature Printed Name
			1			•		
2			•			•		
3			•			•		
4			•			•		
5			•			•		
6			•			•		
7			•			•		
8			•			•		
9			•			•		
10			•			•		
11			•			•		
12			•			•		
13			•			•		
14			•			•		