

# Maintenance Work Order

MOD Format 707B(ADP)  
(Revised Nov 24)

(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	
<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																					
	Sub Assy	Description	Serial No.		Primary		Removed Component																					
				Secondary																								
				Other																								
				Primary		Replacement Component																						
				Secondary																								
				Other																								
				Additional Item Idents (*)																								
				<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> </table>					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
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		Signature
			<input type="text"/>		<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			•			•		