

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 (X) <input type="checkbox"/>		Action/Work Done		ADF (X) <input type="checkbox"/>		LIM (X) <input type="checkbox"/>	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
When/How Found (Code)		In Use (X) <input type="checkbox"/>		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="checkbox"/>	
<input type="text"/>	<input type="text"/>	Reporting Ship/Sqn/Unit <input type="text"/>	
M Equip	Serial No.	Unit & Usage	Primary Secondary
<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 (X) <input type="checkbox"/>			

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

5 Continuation Sheets (X) 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

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 (X) <input type="checkbox"/>	8	Co-ordination	Time/Date
	<input type="text"/>			<input type="text"/>	Name
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>

Certificate of Work

*RN Only

Work Required	Trade Code	Work Done	Tradesperson			Supervisor		
	W/Hrs*		Working Hours	Time Date	Signature Printed Name	Working Hours	Time Date	Signature Printed Name
1			•			•		
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SNOW	Aircraft No.	Day	Mth	Yr

Maintenance Work Order - Continuation Sheet

Certificate of Work

Sheet No. _____

*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
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	W/Hrs*		Working Hours	Time	Signature	Working Hours	Time	Signature
			Date	Printed Name	Date	Printed Name		
14			•			•		
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