

# Maintenance Work Order

MOD Form 707B(C17A)  
(Revised Feb 25)

<b>JULIAN DATE</b>		<b>Originator</b> _____	<b>LIS JCN</b>
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<b>1</b>	<b>Work Type</b>		<b>SNOW</b>	<b>A/C Ser No.</b>	<b>Day</b>	<b>Mth</b>	<b>Yr</b>	<b>Start Time/Date</b>	<b>Time</b>	<b>Day</b>	<b>Mth</b>	<b>Yr</b>
	<input type="checkbox"/>	<b>A/F Hrs</b>										
<b>Symptom</b>				<b>Fault</b>				<b>Action/Work Done</b>				
<b>When Discovered (Code)</b>		IAW T.O 1C-17A-06		<b>Original ADF/LIM/Loose Article ORN</b>								

<b>2</b>	SMR/SOOPMR/CLR	F700 Pt 1 <input type="checkbox"/>	Name _____
	Re-forecast Information Now Due _____	F700 Pt 2 <input type="checkbox"/>	Signature _____

<b>G081 INFORMATION</b>	<i>FOR WORK TYPE A, C, D, H, M OR S</i>	<i>FOR WORK TYPE B OR S</i>	CODING IAW T.O C-17A-06	<i>FOR WORK TYPE T</i>	CODING IAW T.O 1C-17A-06
	<b>SUPPORT CODE</b>	<b>REF DES</b>	<b>Fault</b>	<b>TCTO DATA CODE</b>	<b>Fault</b>
		<b>JCN (G081 USE ONLY)</b>	<b>Action/Work Done</b>	<input type="checkbox"/> EWIS <input type="checkbox"/> (X)	

<b>3</b>	<b>Assembly</b>	<b>Description</b>	<b>Serial No.</b>		
	<b>Prefix &amp; Ident No.</b>	If Assembly Replaced Mark Box with (X)			
<b>3</b>	<b>Sub Assy</b>	<b>Description</b>	<b>Serial No.</b>		
	<b>Prefix &amp; Ident No.</b>	If Sub Assembly Replaced Mark Box with (X)			
<b>3</b>	<b>Item</b>	<b>Description</b>	<b>Serial No.</b>		
	<b>Prefix &amp; Ident No.</b>	<b>Quantity</b>	If Item Replaced Mark Box with (X)		
<b>3</b>	<b>Replacement</b>	<b>Description</b>	<b>Serial No.</b>		
	<b>Prefix &amp; Ident No.</b>	If Ident Number Different from that Removed, Mark Box with (X)			

<b>Removed Component Condition (X)</b>									
<b>Serv</b>	<b>T/R2</b>	<b>T3/4</b>	<b>R3/4</b>	<b>Scrap</b>					
<b>Additional Item Idents (X) sheets</b>									
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
<b>MRP 145 LOTO MANAGEMENT AID</b>									
	<b>REQUIRED (X)</b>	<b>RAISED (X)</b>	<b>DATE CLOSED</b>						
1	<input type="checkbox"/>	<input type="checkbox"/>							
2	<input type="checkbox"/>	<input type="checkbox"/>							
3	<input type="checkbox"/>	<input type="checkbox"/>							
4	<input type="checkbox"/>	<input type="checkbox"/>							
5	<input type="checkbox"/>	<input type="checkbox"/>							
6	<input type="checkbox"/>	<input type="checkbox"/>							
7	<input type="checkbox"/>	<input type="checkbox"/>							
8	<input type="checkbox"/>	<input type="checkbox"/>							

<b>5</b>	<b>Continuation Sheets (X)</b>	<table style="width:100%; border-collapse: collapse;"> <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><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><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td>32</td><td>33</td><td>34</td><td>35</td><td>36</td><td>37</td><td>38</td><td>39</td><td>40</td> </tr> <tr> <td>41</td><td>42</td><td>43</td><td>44</td><td>45</td><td>46</td><td>47</td><td>48</td><td>49</td><td>50</td><td>51</td><td>52</td><td>53</td><td>54</td><td>55</td><td>56</td><td>57</td><td>58</td><td>59</td><td>60</td><td>61</td><td>62</td><td>63</td><td>64</td><td>65</td><td>66</td><td>67</td><td>68</td><td>69</td><td>70</td><td>71</td><td>72</td><td>73</td><td>74</td><td>75</td><td>76</td><td>77</td><td>78</td><td>79</td><td>80</td> </tr> </table>	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	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
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41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80																																											

<b>6</b>	<b>Trade</b>	<b>Working Hours</b>	<b>Crew Size</b>		<b>Trade</b>	<b>Working Hours</b>	<b>Crew Size</b>		<b>Trade</b>	<b>Working Hours</b>	<b>Crew Size</b>

<b>7</b>	<b>Management Aid</b>		<b>8</b>	<b>Name</b>	<b>Time/Date</b>	
						<b>Signature</b>

# Certificate of Work

Work Required	Trade Code	Work Done	Tradesperson			Supervisor		
			Working Hours	Time Date	Signature Printed Name	Working Hours	Time Date	Signature Printed Name
1		INTERIM SAFETY SUPPLEMENT CHECKED. THERE ARE NO INTERIM SAFETY SUPPLEMENTS APPLICABLE TO THIS TASK*/ INTERIM SAFETY SUPPLEMENT _____ IS RELEVANT TO THIS TASK AND HAS BEEN UNDERSTOOD.* (*delete as applicable)	•			•		
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								