MOD Format 707B(C17A)(Multi)
(Revised Feb 25)

Maintenance Work Order

JULIAN DATE | Originator ______________________ | LIS JCN

1

Work Type | A/F Hrs | SNOW | A/C Ser No. | Day | Mth | Yr | Start Time/Date | Time | Day | Mth | Yr

Symptom | Fault | Action/Work Done

When Discovered (Code) | IAW T.O 1C-17A-06 | Original ADF/LIM/Loose Article ORN

2

SMR/SOOPMR/CLR

Re-forecast Information Now Due ____________

F700 Pt 1

F700 Pt 2

Name ____________________ Signature ____________________

G081 INFORMATION

FOR WORK TYPE A, C, D, H, M OR S

SUPPORT CODE

FOR WORK TYPE B OR S

REF DES

CODING IAW T.O C-17A-06

Fault

JCN (G081 USE ONLY)

Action/ Work Done

EWIS (X)

FOR WORK TYPE T

TCTO DATA CODE

CODING IAW T.O 1C-17A-06

Fault

3

Assembly | Description | Serial No.

Prefix & Ident No.

If Assembly Replaced Mark Box with (X)

Sub Assy | Description | Serial No.

Prefix & Ident No.

If Sub Assembly Replaced Mark Box with (X)

Item | Description | Serial No.

Prefix & Ident No.

Quantity | If Item Replaced Mark Box with (X)

Replacement | Description | Serial No.

Prefix & Ident No.

If Ident Number Different from that Removed, Mark Box with (X)

4

Removed Component Condition (X)

Serv	T/R2	T3/4	R3/4	Scrap

Additional Item Idents (X) sheets

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20

MRP 145 LOTO MANAGEMENT AID

	REQUIRED (X)	RAISED (X)	DATE CLOSED
1			
2			
3			
4			
5			
6			
7			
8			

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
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

6

Trade	Working Hours	Crew Size	Trade	Working Hours	Crew Size	Trade	Working Hours	Crew Size

7

Management Aid

8

Time/Date

Name | Signature

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				•			•		

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SNOW	Aircraft No.	Day	Mth	Yr

Maintenance Work Order - Continuation Sheet

Certificate of Work

Sheet No. _____

	Work Required	Trade Code	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				•			•		

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
14				•			•		
15				•			•		
16				•			•		
17				•			•		
18				•			•		
19				•			•		
20				•			•		
21				•			•		
22				•			•		
23				•			•		
24				•			•		
25				•			•		
26				•			•		
27				•			•		

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Sheet No. _____

	Work Required	Trade Code	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				•			•		

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				Working Hours	Time / Date	Signature / Printed Name	Working Hours	Time / Date	Signature / Printed Name
14				•			•		
15				•			•		
16				•			•		
17				•			•		
18				•			•		
19				•			•		
20				•			•		
21				•			•		
22				•			•		
23				•			•		
24				•			•		
25				•			•		
26				•			•		
27				•			•		

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				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				•			•		

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				Working Hours	Time / Date	Signature / Printed Name	Working Hours	Time / Date	Signature / Printed Name
14				•			•		
15				•			•		
16				•			•		
17				•			•		
18				•			•		
19				•			•		
20				•			•		
21				•			•		
22				•			•		
23				•			•		
24				•			•		
25				•			•		
26				•			•		
27				•			•		

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				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				•			•		

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	Work Required	Trade Code	Work Done	Tradesperson			Supervisor		
				Working Hours	Time / Date	Signature / Printed Name	Working Hours	Time / Date	Signature / Printed Name
14				•			•		
15				•			•		
16				•			•		
17				•			•		
18				•			•		
19				•			•		
20				•			•		
21				•			•		
22				•			•		
23				•			•		
24				•			•		
25				•			•		
26				•			•		
27				•			•		