

# Maintenance Work Order

(Refer to MOD Form 799/5A(RAF)(C17A) for Coding Information)

JULIAN DATE	Originator _____	LIS JCN
-------------	------------------	---------

Maint Code	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)		Original ADF/LIM/Loose Article ORN									

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

G081 INFORMATION	FOR WORK TYPE A. C. D. H. M OR S	FOR WORK TYPE B OR S	How Malfunctioned	FOR WORK TYPE T	How Malfunctioned
	SUPPORT CODE	REF DES	<input type="checkbox"/>	TCTO DATA CODE	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		JCN (G081 USE ONLY)	Action Taken <input type="checkbox"/>	EWIS <input checked="" type="checkbox"/>	

3	Assembly	Description	Serial No.	If Assembly Replaced Mark Box with (X)	
	Prefix & Ident No.				
	<input type="text"/>				
	<input type="text"/>				
4	Sub Assy	Description	Serial No.	If Sub Assembly Replaced Mark Box with (X)	
	Prefix & Ident No.				
	<input type="text"/>				
	<input type="text"/>				
5	Item	Description	Serial No.	If Item Replaced Mark Box with (X)	
	Prefix & Ident No.				
	<input type="text"/>				
	<input type="text"/>				
6	Replacement	Description	Serial No.	If Ident Number Different from that Removed. Mark Box with (X)	
	Prefix & Ident No.				
	<input type="text"/>				
	<input type="text"/>				

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

5	Continuation Sheets (X)	<table style="width:100%; text-align:center;"> <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
	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
	<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	8	Time/Date	Signature
			<input type="text"/>	Name

# 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								