

Maintenance Work Order

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

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

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

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

Certificate of Work

Work Required	Trade Code	Work Done	Tradesperson			Supervisor		
			Working Hours	Time	Signature	Working Hours	Time	Signature
				Date	Printed Name		Date	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			•			•		