

**MEDICAL/DENTAL MAINTENANCE WORK ORDER**

Date of request:	For additional information call: Ext:		
	Name:		
Requesting Activity	PM no.	PA or minor property no.	
Location of equipment: Rm, Dept, etc.		Name of equipment to be repaired	
Manufacturer	Model no.	Serial no.	MIP no. (for ships)

Description of work requested in your own words:

**FOR SHOP USE ONLY**

Date parts:	Reqn or purchase order nos.	Work/job order no.

**PARTS USED**

NSN or Mfg's part #	Nomenclature	Cost	Quantity

Manhours: BMET/DERT      Date      HRS	Description of work performed/remarks:
Total man hours	
Date job completed:	
Maint contract in effect	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Warranty in effect	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Work assigned to:	Note: This information is to be transferred to the NAVMED 6700/3 or the Automatic Data PM record.
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**RECEIVED IN SHOP**

**OUT OF SHOP**

Signature:	Date:	Returned to Requesting activity.
		Date:                                  Signature: