Maintenance Work Order Form

Company: _____ Date: _____ Work Order #: _____

Equipment Name: _____ Requested by: _____

Equipment ID: _____ Date/Time Submitted: _____

Work Order Type: ☐ New or ☐ Routine (check one)

PSM Process Area: ☐ Yes or ☐ No (check one)

Work Order Description: _____

Work Order Submitted To: _____

Request Date for Work Completion: _____

Above to be completed by person generating work order.

_____

Below to be reviewed Maintenance Supervisor.

*Management of Change = **MOC**

Note: (MOC Form Required) ☐ Yes ☐ No **MOC #:** _____

Work Order Approved By: _____/Completed By: _____

Completion Date/Time: _____ Completed as Requested: ☐ Yes ☐ No

Number of Maintenance Personnel Required: _____ Total Hours for Job: _____

Record Comments:

_____

_____

List any Parts Replaced:

_____

Supplier Used: _____

Work Order Cancelled by: _____

Reason for Cancellation:

_____

_____