

Work Order No.		Creation Date:	
Equipment No.		Requestor:	
Equipment Description:		Defect Tag #	
Problem Identified or Work Requested			
Approval Required:	Yes or No	Priority	
Planning Section			
Work Description			
Planner			
Labor Requirement		Total Estimate:	
Parts Requirement		Total Estimate:	
Special Tools			
Permits	Hot Work	Confined Space	Clearance
			Heights
Craft Feedback	Work actually performed and parts used.	Craft Technician:	
Date and Time Started:		Date and Time Completed:	
Technically Complete by:			
Cause Code:			