



CELL NAME

OEE FORM

Overall Equipment Effectiveness

Please complete these forms using a **BLACK MARKER AND REMOVE ERRORS WITH A WHITE/SILVER MARKER.**

EXAMPLE: 6 AM – 7AM

MO ID: 1

NUMBER OF LIFTS: 3

MAJOR DOWNTIME: ENGINEERING ISSUES

HOUR	6	MO ID	1	NUMBER OF LIFTS	3	DOWNTIME CODE	B
------	---	-------	---	-----------------	---	---------------	---

Day	Month	Year
1	Jan	202
2	Feb	202
3	Mar	202
4	Apr	202
5	May	202
6	Jun	
7	Jul	
8	Aug	
9	Sep	
10	Oct	
11	Nov	
12	Dec	

PRESS ID	PRESS 1	PRESS 2	PRESS 3	PRESS 4	PRESS 5	PRESS 6	PRESS 7	PRESS 8	PRESS 9	PRESS 10	PRESS 11	PRESS 12	PRESS 13	PRESS 14	PRESS 15	PRESS 16

Downtime Codes	
Planned	Unplanned
<input type="checkbox"/> Break	<input type="checkbox"/> Engineering
<input type="checkbox"/> No Operator	<input type="checkbox"/> Maintenance
	<input type="checkbox"/> No MO
	<input type="checkbox"/> Setup
	<input type="checkbox"/> Inspection

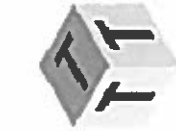
Admin
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

HR	MO ID	LIFT COUNTER	DOWNTIME CODE
14	1	2	3
15	1	2	3
16	1	2	3
17	1	2	3
18	1	2	3
19	1	2	3
20	1	2	3
21	1	2	3
22	1	2	3
23	1	2	3

MO ID: 1	MO ID: 2
PREFIX	PREFIX
ORI	ORI
IAO	IAO
MCS	MCS
SIL	SIL
SEA	SEA
BON	BON
BOM	BOM
CMO	CMO
SFALL	SFALL
FAIR	FAIR

MO ID: 3	MO ID: 4
PREFIX	PREFIX
ORI	ORI
IAO	IAO
MCS	MCS
SIL	SIL
SEA	SEA
BON	BON
BOM	BOM
CMO	CMO
SFALL	SFALL
FAIR	FAIR

MO ID: 5	MO ID: 6
PREFIX	PREFIX
ORI	ORI
IAO	IAO
MCS	MCS
SIL	SIL
SEA	SEA
BON	BON
BOM	BOM
CMO	CMO
SFALL	SFALL
FAIR	FAIR



CELL NAME

OEE FORM

Overall Equipment Effectiveness

Please complete these forms using a **BLACK MARKER AND REMOVE ERRORS WITH A WHITE/SILVER MARKER.**

EXAMPLE: 6 AM - 7AM

HOUR	MO ID	NUMBER OF LIFTS	DOWNTIME CODE
6	2	4	8

MO ID: 1
NUMBER OF LIFTS: 3
MAJOR DOWNTIME:
ENGINEERING ISSUES

Day	Month	Year
1	Jan	202
2	Feb	202
3	Mar	202
4	Apr	202
5	May	202
6	Jun	202
7	Jul	202
8	Aug	202
9	Sep	202
10	Oct	202
11	Nov	202
12	Dec	202

PRESS ID	
PRESS 1	PRESS 5
PRESS 2	PRESS 6
PRESS 3	PRESS 7
PRESS 4	PRESS 8
PRESS 9	PRESS 13
PRESS 10	PRESS 14
PRESS 11	PRESS 15
PRESS 12	PRESS 16

Downtime Codes	
Planned	Unplanned
<input checked="" type="checkbox"/> Break	<input checked="" type="checkbox"/> Engineering
<input checked="" type="checkbox"/> No Operator	<input checked="" type="checkbox"/> Maintenance
	<input checked="" type="checkbox"/> No MO
	<input checked="" type="checkbox"/> Setup
	<input checked="" type="checkbox"/> Inspection

Admin
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

HR	MO ID	LIFT COUNTER	DOWNTIME CODE
14	1	2	3
15	1	2	3
16	1	2	3
17	1	2	3
18	1	2	3
19	1	2	3
20	1	2	3
21	1	2	3
22	1	2	3
23	1	2	3

MO ID:	LAST 3 DIGITS	CAVS USED
PREFIX	ORI	CAVS USED
ORI	0	0
IAO	1	1
MCS	2	2
SIL	3	3
SEA	4	4
BON	5	5
BOM	6	6
CMO	7	7
SFALL	8	8
FAIR	9	9

MO ID:	LAST 3 DIGITS	CAVS USED
PREFIX	ORI	CAVS USED
ORI	0	0
IAO	1	1
MCS	2	2
SIL	3	3
SEA	4	4
BON	5	5
BOM	6	6
CMO	7	7
SFALL	8	8
FAIR	9	9

MO ID:	LAST 3 DIGITS	CAVS USED
PREFIX	ORI	CAVS USED
ORI	0	0
IAO	1	1
MCS	2	2
SIL	3	3
SEA	4	4
BON	5	5
BOM	6	6
CMO	7	7
SFALL	8	8
FAIR	9	9

Please complete these forms using a BLACK MARKER AND REMOVE ERRORS WITH A WHITE/SILVER MARKER.

EXAMPLE: 6 AM - 7 AM

6 AM - 7 AM

MO ID: 1

NUMBER OF LIFTS: 3

MAJOR DOWNTIME:

IN A BOOK DOWN TIME: ENGINEERING ISSUES

[illegible]

Day	Month	Year
(1)	Jan	202
(1)	Feb	202
(2)	Mar	202
(3)	Apr	202
(4)	May	202
(5)	Jun	
(6)	Jul	
(7)	Aug	
(8)	Sep	
(9)	Oct	
	Nov	
	Dec	

PRESS ID			
PRESS 1	PRESS 5	PRESS 9	PRESS 13
PRESS 2	PRESS 6	PRESS 10	PRESS 14
PRESS 3	PRESS 7	PRESS 11	PRESS 15
PRESS 4	PRESS 8	PRESS 12	PRESS 16

Downtime Codes	
Planned	Unplanned
<input checked="" type="checkbox"/> Break	<input checked="" type="checkbox"/> Engineering
<input checked="" type="checkbox"/> No Operator	<input checked="" type="checkbox"/> Maintenance
	<input type="checkbox"/> No MO
	<input checked="" type="checkbox"/> Setup
	<input checked="" type="checkbox"/> Inspection

Admin		
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

MO ID: ①		MO ID: ②	
PREFIX	LAST 3 DIGITS	PREFIX	LAST 3 DIGITS
ORI	000	ORI	000
IAO	001	IAO	001
MCS	002	MCS	002
SIL	003	SIL	003
SEA	004	SEA	004
BON	005	BON	005
BOM	006	BOM	006
CMO	007	CMO	007
SFALL	008	SFALL	008
FAIR	009	FAIR	009

MO ID: ④		
PREFIX	LAST 3 DIGITS	CAVS USED
ORI	000	000
IAO	001	001
MCS	002	002
SIL	003	003
SEA	004	004
BON	005	005
BOM	006	006
CMO	007	007
SFALL	008	008
FAIR	009	009

MO ID: ⑤		CAVS USED	
PREFIX	LAST 3 DIGITS		
ORI	000	0	0
IAO	001	1	1
MCS	002	2	2
SIL	003	3	3
SEA	004	4	4
BON	005	5	5
BOM	006	6	6
CMO	007	7	7
SFALL	008	8	8
FAIR	009	9	9

MO ID: ⑥		CAVS USED	
PREFIX	LAST 3 DIGITS		
ORI	000	0	0
IAO	001	1	1
MCS	002	2	2
SIL	003	3	3
SEA	004	4	4
BON	005	5	5
BOM	006	6	6
CMO	007	7	7
SFALL	008	8	8
FAIR	009	9	9

[illegible]



CELL NAME

OEE FORM

Overall Equipment Effectiveness

Please complete these forms using a **BLACK MARKER AND REMOVE ERRORS WITH A WHITE/SILVER MARKER.**

EXAMPLE: 6 AM - 7AM

MO ID: 1

NUMBER OF LIFTS: 3

MAJOR DOWNTIME:

ENGINEERING ISSUES

HOUR	MO ID	NUMBER OF LIFTS	DOWNTIME CODE
6	1	3	B

Day	Month	Year
1	Jan	202
2	Feb	202
3	Mar	202
4	Apr	202
5	May	202
6	Jun	
7	Jul	
8	Aug	
9	Sep	
10	Oct	
11	Nov	
12	Dec	

PRESS ID	PRESS ID	PRESS ID
PRESS 1	PRESS 5	PRESS 9
PRESS 2	PRESS 6	PRESS 10
PRESS 3	PRESS 7	PRESS 11
PRESS 4	PRESS 8	PRESS 12
		PRESS 13
		PRESS 14
		PRESS 15
		PRESS 16

Downtime Codes	
Planned	Unplanned
<input checked="" type="checkbox"/> Break	<input checked="" type="checkbox"/> Engineering
<input checked="" type="checkbox"/> No Operator	<input checked="" type="checkbox"/> Maintenance
	<input checked="" type="checkbox"/> No MO
	<input checked="" type="checkbox"/> Setup
	<input checked="" type="checkbox"/> Inspection

Admin
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

HR	MO ID	LIFT COUNTER	DOWNTIME CODE
14	2	5	2
15	3	5	2
16	3	5	2
17	3	5	2
18	3	5	2
19	3	5	2
20	3	5	2
21	3	5	2
22	3	5	2
23	3	5	2

MO ID: 1	MO ID: 2
PREFIX	PREFIX
ORI	ORI
IAO	IAO
MCS	MCS
SIL	SIL
SEA	SEA
BON	BON
BOM	BOM
CMO	CMO
SFALL	SFALL
FAIR	FAIR

MO ID: 3	MO ID: 4
PREFIX	PREFIX
ORI	ORI
IAO	IAO
MCS	MCS
SIL	SIL
SEA	SEA
BON	BON
BOM	BOM
CMO	CMO
SFALL	SFALL
FAIR	FAIR

MO ID: 5	MO ID: 6
PREFIX	PREFIX
ORI	ORI
IAO	IAO
MCS	MCS
SIL	SIL
SEA	SEA
BON	BON
BOM	BOM
CMO	CMO
SFALL	SFALL
FAIR	FAIR



CELL NAME

OEE FORM

Overall Equipment Effectiveness

Please complete these forms using a **BLACK MARKER AND REMOVE ERRORS WITH A WHITE/SILVER MARKER.**

EXAMPLE: 6 AM - 7AM

MO ID: 1

NUMBER OF LIFTS: 3

MAJOR DOWNTIME:
ENGINEERING ISSUES

HOUR	MO ID	NUMBER OF LIFTS	DOWNTIME CODE
6	1	3	6

Day	Month	Year
1	Jan	2021
2	Feb	2021
3	Mar	2021
4	Apr	2021
5	May	2021
6	Jun	2021
7	Jul	2021
8	Aug	2021
9	Sep	2021
10	Oct	2021
11	Nov	2021
12	Dec	2021

PRESS ID
PRESS 1
PRESS 2
PRESS 3
PRESS 4
PRESS 5
PRESS 6
PRESS 7
PRESS 8
PRESS 9
PRESS 10
PRESS 11
PRESS 12
PRESS 13
PRESS 14
PRESS 15
PRESS 16

Downtime Codes	
Planned	Unplanned
<input checked="" type="checkbox"/> Break	<input checked="" type="checkbox"/> Engineering
<input checked="" type="checkbox"/> No Operator	<input checked="" type="checkbox"/> Maintenance
	<input checked="" type="checkbox"/> No MO
	<input checked="" type="checkbox"/> Setup
	<input checked="" type="checkbox"/> Inspection

Admin
<input checked="" type="checkbox"/>

HR	MO ID	LIFT COUNTER	DOWNTIME CODE
14	1	1	1
15	2	2	2
16	3	3	3
17	4	4	4
18	5	5	5
19	6	6	6
20	7	7	7
21	8	8	8
22	9	9	9
23	10	10	10

MO ID: 1	MO ID: 2
PREFIX	PREFIX
ORI	ORI
IAO	IAO
MCS	MCS
SIL	SIL
SEA	SEA
BON	BON
BOM	BOM
CMO	CMO
SFALL	SFALL
FAIR	FAIR

MO ID: 3	MO ID: 4
PREFIX	PREFIX
ORI	ORI
IAO	IAO
MCS	MCS
SIL	SIL
SEA	SEA
BON	BON
BOM	BOM
CMO	CMO
SFALL	SFALL
FAIR	FAIR

MO ID: 5	MO ID: 6
PREFIX	PREFIX
ORI	ORI
IAO	IAO
MCS	MCS
SIL	SIL
SEA	SEA
BON	BON
BOM	BOM
CMO	CMO
SFALL	SFALL
FAIR	FAIR