



# OFF FORM

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


6 AM - 7 AM

MO ID: 1

### NUMBER OF LIFTS: 3

### MAJOR DOWNTIME:

[illegible]

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
(A) Break	(C) Engineering
(B) No Operator	(D) Maintenance
	(E) No MO
	(F) Setup
	(G) Inspection

Admin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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[illegible]

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

MO ID:		③
PREFIX	LAST 3 DIGITS	CARS USED
<input type="radio"/> ORI	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> IAO	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> MCS	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> SIL	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> SEA	<input type="radio"/> 4	<input checked="" type="radio"/> 4
<input type="radio"/> BON	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> BOM	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> CMO	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> SFALL	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> FAIR	<input type="radio"/> 9	<input type="radio"/> 9

MO ID: ⑤		MO ID: ⑥	
PREFIX	LAST 3 DIGITS	PREFIX	LAST 3 DIGITS
ORI	CAVS USED	ORI	CAVS USED
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 - 7 AM

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	202
7	Jul	202
8	Aug	202
9	Sep	202
10	Oct	202
11	Nov	202
12	Dec	202

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
Engineering
Maintenance
No MO
Setup
Inspection

Admin

HR	MO ID	LIFT COUNTER	DOWNTIME CODE
14	1	1	A
15	2	2	B
16	3	3	C
17	4	4	D
18	5	5	E
19	6	6	F
20	7	7	G
21	8	8	H
22	9	9	I
23	10	10	J



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