



*We Make It Happen*

# Maintenance or Equipment Work Order

DATE:	Shift (circle)  1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>
Equipment#:	

Signature of person completing work order:

Please circle department

Molding	Sintering
Sizing	Packing
Other	

Date when needed completed:

Problem or Maintenance Required, Describe in Detail:

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Down Time Lost On Your Shift

~~~~~ This section to be filled out by Maintenance Department Only ~~~~~

| QUANTITY | PART NUMBER | DESCRIPTION |
|----------|-------------|-------------|
|          |             |             |
|          |             |             |
|          |             |             |
|          |             |             |
|          |             |             |
|          |             |             |

Work Performed: \_\_\_\_\_

|                                 |                           |                         |
|---------------------------------|---------------------------|-------------------------|
| <u>Date Work Was Completed:</u> | <u>Work Completed By:</u> | <u>Total Down Time:</u> |
|---------------------------------|---------------------------|-------------------------|