

# NAVAL DENTAL CENTER SOUTHWEST REPAIR DIVISION

## DENTAL EQUIPMENT MAINTENANCE WORK ORDER

DATE OF REQUEST		TIME:	
NAME OF REQUESTOR			
REQUESTING ACTIVITY			
PHONE # & EXT.			
EQUIPMENT LOCATION (RM #, LAB #)			
EQUIPMENT BAR CODE			
EQUIPMENT MINOR PROPERTY NUMBER			
EQUIPMENT MANUFACTURER			
EQUIPMENT MODEL #			
EQUIPMENT SERIAL #			
WORK ORDER TAKEN BY:			
DESCRIPTION OF WORK REQUESTED			

**** FOR SHOP USE ONLY ****			PRIORITY CODE:	
BIOFACS #	REPAIR TEAM ASSIGNED		DATE ASSIGNED	
TECHNICIANS	BIOFACS CODES			
	VERBS/ OTHER CODE	NOUNS	TIME	CAUSE
FACTORY REPAIR	AWAITING PARTS			
DATE TURNED IN:	PART #	DESCRIPTION		
	MANUFACTURER			
BIOFACS CLOSED BY:			DATE:	