



DAVAO CITY WATER DISTRICT

GSD-F09
Rev. No. 0
Oct 31, 2018

INDUSTRIAL EQUIPMENT MAINTENANCE JOB ORDER FORM

Equipment No. : _____ MJO No. : _____
 Equipment Name : _____ Date Requested: _____
 Last Hr. Meter Reading : _____ Department : _____

COMPLAINTS:

Inside Outside (Ref. No.) _____

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Hard starting / Engine won't start <input type="checkbox"/> Misfiring / Lack of engine power <input type="checkbox"/> Excessive emission / Oil spillage <input type="checkbox"/> Engine overheating <input type="checkbox"/> Panel board / Gauges not functioning <input type="checkbox"/> Belt tension / Defective belts <input type="checkbox"/> Clogged-up suction hose <input type="checkbox"/> Defective flexible drive shaft / cables | <ul style="list-style-type: none"> <input type="checkbox"/> Defective foot valves / impellers <input type="checkbox"/> Defective oil seals / bearings <input type="checkbox"/> Defective blades / Pillow blocks and wheel adjuster <input type="checkbox"/> Defective / Recoil starter and mechanism <input type="checkbox"/> Electrical system mechanism <input type="checkbox"/> Chassis rattles / Dented body portions <input type="checkbox"/> Tire services <input type="checkbox"/> Others: _____ |
|---|---|

ACTION TAKEN:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> General engine overhaul <input type="checkbox"/> Top engine overhaul <input type="checkbox"/> Change oil / filters / elements <input type="checkbox"/> Tune-up engine diesel / gas <input type="checkbox"/> Check / Repair electrical system <input type="checkbox"/> Check / Repair fuel delivery system <input type="checkbox"/> Check / Repair gear case / stem / gaskets <input type="checkbox"/> Check / Replace recoil starter & pulleys <input type="checkbox"/> Check / Replace V-belts <input type="checkbox"/> Check / Adjust belt tensions <input type="checkbox"/> Check / Replace pillow blocks / blade / wheel adjuster | <ul style="list-style-type: none"> <input type="checkbox"/> Check / Replace / Recharge battery <input type="checkbox"/> Check / Add compressor oil / motor oil <input type="checkbox"/> Check / Replace tire / rims swivel / bearings <input type="checkbox"/> Check / Replace suction / mantex / flexible / cables <input type="checkbox"/> Check / Replace Jack hammer mechanism <input type="checkbox"/> Check / Replace electrical welding mach. Motors / gen set <input type="checkbox"/> Body dented fabricate / repair / welding <input type="checkbox"/> Welding / Replace stamping pad / bolts & nuts <input type="checkbox"/> Repainting jobs <input type="checkbox"/> Tire Replace / vulcanize <input type="checkbox"/> Tire rim Replace / cleaning <input type="checkbox"/> Others : _____ |
|--|--|

WORK MATERIALS:

Materials/Parts	Cost	Document Type	Reference No.	Document Date	Supplier	Remarks

Assinged To : _____ Account Charges : _____
 Date/Time Started : _____ Date/Time Finished : _____

Performed by: _____ Noted by: _____
Mechanic Supervisor