



GSD-F10
Rev. No. 0
Oct 31, 2018

VEHICLE/EQUIPMENT MAINTENANCE JOB ORDER FORM

Vehicle/Equipment No. : _____ Plate No.: _____ MJO No. : _____
 Vehicle/Equipment Name : _____ Date Requested: _____
 Last Km. Run Reading : _____ Department : _____
 Driver's Name : _____

COMPLAINTS:

Inside Outside (Ref. No.) _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Pulling to the Left/Right | <input type="checkbox"/> Car stereo/speakers not functioning | <input type="checkbox"/> Defective/damage timing belts, tension b., rocker arms & shaft |
| <input type="checkbox"/> Rattling doors/Body | <input type="checkbox"/> Alternator/Starter not functioning | <input type="checkbox"/> Defective/missing water reservoir |
| <input type="checkbox"/> Under chassis rattles | <input type="checkbox"/> Battery discharge/defective | <input type="checkbox"/> Radiator tank/water pump leak |
| <input type="checkbox"/> Engine Misfiring/Lack of power | <input type="checkbox"/> Broken windshield glass | <input type="checkbox"/> Air cleaner clogged & damaged |
| <input type="checkbox"/> Engine/T-M/differential oil leak | <input type="checkbox"/> Broken/missing side & pass. mirror | <input type="checkbox"/> Preventive maintenance check-up |
| <input type="checkbox"/> Clutch not functioning | <input type="checkbox"/> Worn-out seat upholstery/seatbelt | <input type="checkbox"/> Diff. & trans. Lub. & servicing |
| <input type="checkbox"/> Lights/Wiper not functioning | <input type="checkbox"/> Broken door glass & sliding glass | <input type="checkbox"/> 5,000 kms Engine lubrication |
| <input type="checkbox"/> Brakes not functioning | <input type="checkbox"/> Fan blade & V-belts crack & wear | <input type="checkbox"/> Defective/worn-out hub bearing, axle bearing & seals |
| <input type="checkbox"/> Brake fluid leaks | <input type="checkbox"/> Defective & damage cables | <input type="checkbox"/> Tire Services |
| <input type="checkbox"/> Excessive smoke emission | <input type="checkbox"/> Wheel/body bolts damage & loosen | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Engine overheating | <input type="checkbox"/> Scratch & dented on F. cab/R. body | |
| <input type="checkbox"/> Engine won't start | <input type="checkbox"/> Delapidated/rotten F. cab/R. body | |
| <input type="checkbox"/> Aircondition not functioning | <input type="checkbox"/> Defective/missing hub cap, radiator cap & oil filler cap | |

ACTION TAKEN:

- | | | |
|--|---|---|
| <input type="checkbox"/> General engine overhaul | <input type="checkbox"/> Check/replace Run channel, door riser, pad, handle & regulator | <input type="checkbox"/> Check/lubricate/replace propeller shaft cross joints |
| <input type="checkbox"/> Top engine overhaul | <input type="checkbox"/> Check/replace side/pass. mirror | <input type="checkbox"/> Check/lubricate/replace suspension arm, bushing and shaft link |
| <input type="checkbox"/> Carburetor overhaul | <input type="checkbox"/> Check/replace clutch sleeve | <input type="checkbox"/> Check/lubricate/replace steering linkage system |
| <input type="checkbox"/> Transmission overhaul | <input type="checkbox"/> Check/replace clutch/brake master | <input type="checkbox"/> Repair/welding of tailpipe/muffler |
| <input type="checkbox"/> Differential overhaul | <input type="checkbox"/> Check/repl./overhaul brake caliper | <input type="checkbox"/> Repair/welding on scratch/dented portion of the body |
| <input type="checkbox"/> Tune up engine (diesel/gas) | <input type="checkbox"/> Check/replace clutch disc/pressure plate & release bearing | <input type="checkbox"/> Re-touch paint on scratch/dented portion of the body |
| <input type="checkbox"/> Engine change oil/oil filter | <input type="checkbox"/> Check/adjust clutch pedal & brake pedal for free play | <input type="checkbox"/> Fabrication/repair/welding jobs |
| <input type="checkbox"/> T/M & diff. change gear oil | <input type="checkbox"/> Check/repair/replace pedal bushing & bracket | <input type="checkbox"/> Re-painting of whole unit |
| <input type="checkbox"/> Repair/calibrate injection pump | <input type="checkbox"/> Check/adjust brake system | <input type="checkbox"/> Tire vulcanize |
| <input type="checkbox"/> Repair/calibrate injectors | <input type="checkbox"/> Check/replace brake pads, brake shoe lining, rubber cap & seal kit | <input type="checkbox"/> Tire rim cleaning |
| <input type="checkbox"/> Check/repair fuel delivery sys. | <input type="checkbox"/> Check/adjust/replace cable | <input type="checkbox"/> Tire install/pull-out |
| <input type="checkbox"/> Check/repair cooling system | <input type="checkbox"/> Check/replace Body/wheel bolts and nuts | <input type="checkbox"/> Tire rotation/check air inflation |
| <input type="checkbox"/> Check/repair electrical system | <input type="checkbox"/> Check/replace Body/underchassis supports | <input type="checkbox"/> Change tire |
| <input type="checkbox"/> Check/repair/replace lightings | <input type="checkbox"/> Check/lub./repl. Underchassis joints tie rod ends & kingpins | <input type="checkbox"/> Replace tire valve |
| <input type="checkbox"/> Check/repair car stereo and speakers | <input type="checkbox"/> Check/lub./repl. Axle/hub bearings & seals | <input type="checkbox"/> Replace tube / flap |
| <input type="checkbox"/> Check/replace wiper motor, blade, linkage & arm | <input type="checkbox"/> Check/repl. Underchassis bushings | <input type="checkbox"/> Wheel alignment / balancing |
| <input type="checkbox"/> Check/recharge/replace battery | <input type="checkbox"/> Check/lub./repl. Shifting linkage sys. | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Check/replace T-belts, tension bearing, rocker arms & shaft | | |
| <input type="checkbox"/> Check/adjust/replace V-belts and tension | | |
| <input type="checkbox"/> Check/replace air cleaner element | | |
| <input type="checkbox"/> Check/repl. broken windshield glass, door glass & sliding glass | | |

WORK MATERIALS:

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

Date/Time Started : _____ Driver's Acceptance : _____
 Date/Time Finished : _____ Date/Time : _____

Performed by: _____ Noted by: _____
 Mechanic Supervisor