

# Equipment Maintenance Repair Order

Order Number:

Date:

Requested By:

Department:

Equipment Name:

Equipment ID/Serial No.:

Location:

Problem Description / Symptoms:

Action(s) Taken / Repairs Performed:

Parts Used:

| Part Name/Description | Part Number | Quantity | Remarks |
|-----------------------|-------------|----------|---------|
|                       |             |          |         |
|                       |             |          |         |
|                       |             |          |         |

Remarks / Recommendations:

\_\_\_\_\_  
Technician

\_\_\_\_\_  
Supervisor

\_\_\_\_\_

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Department Head

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