MEDICAL/DENTAL MAINTENANCE WORK ORDER

Date of request:	For additional information call: Ext: Name:		
Requesting Activity	PM no.	PA or minor property no.	
Location of equipment: Rm, Dept, etc.		Name of equipment to be repaired	
Manufacturer	Model no.	Serial no.	MIP no. (for ships)
Description of work requested in your own words:			

FOR SHOP USE ONLY

Date parts:		Reqn or purchase order nos.	Work/job order no.

PARTS USED

NSN or Mfg's part #	Nomenclature	Cost	Quantity

Manhours: BMET/DERT	Date	HRS
Total man hours		

Date job completed:

Maint contract in effect

Yes ☐ No ☐

Warranty in effect

Yes ☐ No ☐

Description of work performed/remarks:

Work assigned to:

Note: This information is to be transferred to the NAVMED 6700/3 or the Automatic Data PM record.

RECEIVED IN SHOP	OUT OF SHOP
Signature: Date:	Returned to Requesting activity. Date: Signature:

NAVMED 6700/4 (Rev. 7-91) S/N 0105-LF-206-7020