

<b>Work Order:</b>	<b>Area / Dept:</b>	<b>Date:</b>
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**Description of Work:**

**Work Order Corrections:**

<b>Priority:</b>	<b>Type:</b>	<b>Expense Class:</b>
<b>Standard Task?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Contractors Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Engineering Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Safety Considerations:**

<input type="checkbox"/> Chemical	<input type="checkbox"/> Respirator	<input type="checkbox"/> Heavy Lift	<input type="checkbox"/> Fire Hazard
<input type="checkbox"/> Slippery	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Environmental	<input type="checkbox"/> Personal Protection
<input type="checkbox"/> Overhead Work	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> MSDS	<input type="checkbox"/> Fire Protection
<input type="checkbox"/> Other:			

**Permits:**

<input type="checkbox"/> Hot Work	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Radiation	<input type="checkbox"/> Line Break	<input type="checkbox"/> Other:
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**Special Equipment:**

<input type="checkbox"/> Bobcat	<input type="checkbox"/> Scissor Lift	<input type="checkbox"/> Backhoe	<input type="checkbox"/> Fans/Cooler/Ventilation	<input type="checkbox"/> Chain-fall/Come-Along __tons
<input type="checkbox"/> Belt Lacer	<input type="checkbox"/> Generator	<input type="checkbox"/> Man-Lift __ft	<input type="checkbox"/> Portable Lights	<input type="checkbox"/> Portable Pump
<input type="checkbox"/> Rigging	<input type="checkbox"/> Jib	<input type="checkbox"/> Vulcanizer	<input type="checkbox"/> Air Compressor	<input type="checkbox"/> Welding Machine
<input type="checkbox"/> Forklift	<input type="checkbox"/> Crane __tons	<input type="checkbox"/> Port Heater	<input type="checkbox"/> Alignment Equipment	<input type="checkbox"/> Ladder __ft
<input type="checkbox"/> Torch	<input type="checkbox"/> Fire Blanket	<input type="checkbox"/> Press Washer	<input type="checkbox"/> Balancing Equipment	<input type="checkbox"/> Scaffold __ft
<input type="checkbox"/> Other:				

**Utilities Required:**

<input type="checkbox"/> Welding Outlet	<input type="checkbox"/> Compressed Air	<input type="checkbox"/> Water	<input type="checkbox"/> Electric	Volts	Phase
<input type="checkbox"/> Other:					

**Communications: Who must be contacted before starting work on this job?**

<input type="checkbox"/> Operations	<input type="checkbox"/> Engineering	<input type="checkbox"/> Other:
Name:		Phone:

<b>Work Order:</b>	<b>Area / Dept:</b>	<b>Date:</b>
<b>Is Operations affected?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Anything needed from Operations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
What?		
When?		
<b>Does Operations need anything from us?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe		

**What prep work must be done before work begins?**

**Information Included in the Work Plan:**

<input type="checkbox"/> LASER Card	<input type="checkbox"/> Wiring Diagrams	<input type="checkbox"/> Equipment B.O.M.	<input type="checkbox"/> Photographs
<input type="checkbox"/> Safety Cautions	<input type="checkbox"/> Drawings/Schematics	<input type="checkbox"/> OEM Specifications	<input type="checkbox"/> Previous Work Done
<input type="checkbox"/> Work Procedures	<input type="checkbox"/> Operation Manual	<input type="checkbox"/> Layouts	
<input type="checkbox"/> Other:			

**Develop Labor Requirements:**

	Description of Task/Step:	Craft	Number Required	Hours Each	Total Hours	Comments/Notes:
01						
02						
03						
04						
05						
06						
07						
08						

**Labor Estimate:**

Craft	Number Required	Hours Each	Total Hours	Notes:

<b>Work Order:</b>	<b>Area / Dept:</b>	<b>Date:</b>
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**Additional Materials or Tools Required:**

Item/Part Number	Specification/Description	Qty	Stock ?	Purchase ?	Location/Supplier
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**Notes to Buyer:**

<b>Plan Prepared By:</b>	<b>Date:</b>

**Costs and Approvals:**

Estimated Materials Cost	\$	<b>Route for additional approvals to:</b> <input type="checkbox"/> Maintenance Supervisor <input type="checkbox"/> Operations Manager / Engineering Manager <input type="checkbox"/> Site Manager
Estimated Labor Cost	\$	
Estimated Contractor Cost	\$	
Total Cost	\$	