



WORK ORDER

Doc.	: F-TI-01-02
Rev.	: 00
Berlaku	: 23 Oktober 2015

Filled By User	WO. Number	Device Identification	Departement	Location	
	Problem Description		Event Acknowledgment		
			Supervisor	Manager	Date
			Sign	Sign	Time

Filled By IT	Received			Evaluation			
	Date			Date			
	Name			Name			
	Sign			Sign			
	Inspection			Action Plan			
	Section / Departement Head Acknowledgemen						
	Name		Sign		Date		Time
	Peripheral Replacement				Action Taken		
No.	Type	Detail	Unit	No	Work Performed By		
1.				1.			
2.				2.			
3.				3.			
4.				Start			
5.				End			

Filled By User	Delivery Order					
	This is the receipt that the goods and / or service have been delivered as request with completeness					
	Section / Departement Acknowledgement					
	Name		Sign		Date	

Filled By IT	Remark					

KATEGORI :