					Doc.		F-TI-01-02	
	WORK ORDER				Rev.		: 00	
					Berlaku		23 Oktober 2015	
WO. Number	Device Ider	ntification	Departement			Location		
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Problem	Problem Description						Date	
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Inspection				Action Plan				
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	Name		Sign		Date	Date Time		
Peripheral Replacement			t	Action Taken			on Taken	
No.	Туре	Detail	1	Un	it No	V	Work Performed By	
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	Problem Date Name Sign No. 1. 2. 3. 4. 5. This is th	Problem Description Received Date Name Sign Inspection Periphera No. Type 1. 2. 3. 4. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	WO. Number Device Identification Problem Description Received Date Name Sign Inspection Section / Depart Name Peripheral Replacement No. Type Detait 1. 2. 3. 4. 5. This is the receipt that the goods and / or Section / Detait Name Section / Description	WO. Number Device Identification Device Identification Device Identification Device Identification Device Identification Device Identification Supervisor Supervisor	WO. Number Device Identification Departer Problem Description Event Supervisor Sign Sign Date Name Name Sign Inspection Section / Departement Head Acknown Name Peripheral Replacement No. Type Detail 1.	WO. Number Device Identification Departement	WO. Number Device Identification Departement Problem Description Event Acknowledment Supervisor Manager Sign Sign Sign Sign Sign Sign Inspection Sign Sign Action Plan Section / Departement Head Acknowledgement Name Sign Date Peripheral Replacement No. Type Detail Unit No V 1. 2. 2. 3. 3. 4. 5. Delivery Order This is the receipt that the goods and / or service have been delivered as request words and sign Date Section / Departement Acknowledgement Delivery Order This is the receipt that the goods and / or service have been delivered as request words and manager Remark	

KATEGORI: