

# Corrective Maintenance Work Order Form

Work Order No.

Date

Priority  High / Medium / Low

Reported By

Department

Location/Area

Description of Problem/Request

Identified Cause (if known)

Corrective Actions Taken

Start Date & Time

End Date & Time

Estimated Downtime  hours/minutes

Spare Parts/Materials Used

Remarks/Comments

Requested By

(Name & Signature)

Performed By

(Technician)

Checked/Approved By

## Important Notes:

- Ensure all information provided is accurate and complete.
- Document causes and actions clearly to aid future troubleshooting.
- All sections must be filled before obtaining approvals.
- Retain completed forms for audit and maintenance records.