

MAINTENANCE WORTH ITEM

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* MWI NUMBER _____

* SITE (Building or Area) _____

* LOCATION (Exact) _____

* NAME of EQUIPMENT: _____

* TYPE of EQUIPMENT: _____

* MANUFACTURER _____

* FPS NUMBER _____ - _____

* DATE WARRANTY EXPIRES: _____

* DATE IN SERVICE _____

* ORIGINAL COST: \$ _____

* GENERIC NAME _____

* SERIAL NUMBER _____

* MODEL NUMBER _____

* OFF SEASON: DATES (CONCURRENT GROUP OF WEEKS) THAT NO MAINTENANCE IS TO BE ACCOMPLISHED ON THIS PIECE OF EQUIPMENT:
FROM: _____ TO: _____

* RUNTIME (INTERVAL FOR MAINTENANCE EITHER IN HOURS OR MILES): _____

* PRIMARY WORK CENTER (SHOP) RESPONSIBLE FOR THIS PIECE OF EQUIPMENT:
SHOP: _____

* LIFE CYCLE (ENDING DATE (BY YEAR) OF THE USEFUL LIFE EXPECTANCY FOR THIS PIECE OF EQUIPMENT:

* OTHER INFORMATION ABOUT THIS EQUIPMENT: _____

** Have the foreman responsible for the equipment fill this form out for entry into the TMS database.