		EQUIPMEN For use of this form, se								
NOMENCLATURE					ACTIVITY					
BAR CODE NUMBER				DATE EQUIPMENT RECEIVED (YYYYMMDD)				NEW/USED		
NAME OF MAI	NTENANCE CO	OORDINATOR						<u> </u>		
DATE (YYYYMMDD)	WORK			MAN MAN				COST		
	ORDER NATURE OF REPAIR NUMBER			₹	HOURS	PARTS	LABOR	TOTAL		
		TOTALS				1				