

Additional Item Identification

| SNOW | A/C Ser No. | Day | Mth | Yr |
|------|-------------|-----|-----|----|
| | | | | |

| | |
|----------------------|--|
| Sheet/ Serial No. | |
|----------------------|--|

| | | | | |
|---|--------------------|-------------|---|--|
| 1 | Item | Description | Serial No. | |
| | Prefix & Ident No. | | If Item Replaced Mark Box with (X) <input type="checkbox"/> | |
| | Replacement | Description | Serial No. | |
| | Prefix & Ident No. | | If Ident Number Different from that Removed, Mark Box with (X) <input type="checkbox"/> | |
| | Quantity: _____ | | JCN (G081 USE ONLY) | |

| | | | | |
|---------------------------------|------|---------------|------|-------|
| Removed Component Condition (X) | | | | |
| Serv | T/R2 | T3/4 | R3/4 | Scrap |
| Fault | | CODING IAW | | |
| | | T.O 1C-17A-06 | | |
| REF | | | | |
| DES | | | | |
| Action/ Work Done | | CODING IAW | | |
| | | T.O 1C-17A-06 | | |

| | | | | |
|---|--------------------|-------------|---|--|
| 2 | Item | Description | Serial No. | |
| | Prefix & Ident No. | | If Item Replaced Mark Box with (X) <input type="checkbox"/> | |
| | Replacement | Description | Serial No. | |
| | Prefix & Ident No. | | If Ident Number Different from that Removed, Mark Box with (X) <input type="checkbox"/> | |
| | Quantity: _____ | | JCN (G081 USE ONLY) | |

| | | | | |
|---------------------------------|------|---------------|------|-------|
| Removed Component Condition (X) | | | | |
| Serv | T/R2 | T3/4 | R3/4 | Scrap |
| Fault | | CODING IAW | | |
| | | T.O 1C-17A-06 | | |
| REF | | | | |
| DES | | | | |
| Action/ Work Done | | CODING IAW | | |
| | | T.O 1C-17A-06 | | |

| | | | | |
|---|--------------------|-------------|---|--|
| 3 | Item | Description | Serial No. | |
| | Prefix & Ident No. | | If Item Replaced Mark Box with (X) <input type="checkbox"/> | |
| | Replacement | Description | Serial No. | |
| | Prefix & Ident No. | | If Ident Number Different from that Removed, Mark Box with (X) <input type="checkbox"/> | |
| | Quantity: _____ | | JCN (G081 USE ONLY) | |

| | | | | |
|---------------------------------|------|---------------|------|-------|
| Removed Component Condition (X) | | | | |
| Serv | T/R2 | T3/4 | R3/4 | Scrap |
| Fault | | CODING IAW | | |
| | | T.O 1C-17A-06 | | |
| REF | | | | |
| DES | | | | |
| Action/ Work Done | | CODING IAW | | |
| | | T.O 1C-17A-06 | | |

| | | | | |
|---|--------------------|-------------|---|--|
| 4 | Item | Description | Serial No. | |
| | Prefix & Ident No. | | If Item Replaced Mark Box with (X) <input type="checkbox"/> | |
| | Replacement | Description | Serial No. | |
| | Prefix & Ident No. | | If Ident Number Different from that Removed, Mark Box with (X) <input type="checkbox"/> | |
| | Quantity: _____ | | JCN (G081 USE ONLY) | |

| | | | | |
|---------------------------------|------|---------------|------|-------|
| Removed Component Condition (X) | | | | |
| Serv | T/R2 | T3/4 | R3/4 | Scrap |
| Fault | | CODING IAW | | |
| | | T.O 1C-17A-06 | | |
| REF | | | | |
| DES | | | | |
| Action/ Work Done | | CODING IAW | | |
| | | T.O 1C-17A-06 | | |

| | | | | |
|---|--------------------|-------------|---|--|
| 5 | Item | Description | Serial No. | |
| | Prefix & Ident No. | | If Item Replaced Mark Box with (X) <input type="checkbox"/> | |
| | Replacement | Description | Serial No. | |
| | Prefix & Ident No. | | If Ident Number Different from that Removed, Mark Box with (X) <input type="checkbox"/> | |
| | Quantity: _____ | | JCN (G081 USE ONLY) | |

| | | | | |
|---------------------------------|------|---------------|------|-------|
| Removed Component Condition (X) | | | | |
| Serv | T/R2 | T3/4 | R3/4 | Scrap |
| Fault | | CODING IAW | | |
| | | T.O 1C-17A-06 | | |
| REF | | | | |
| DES | | | | |
| Action/ Work Done | | CODING IAW | | |
| | | T.O 1C-17A-06 | | |

| | | | | | | | | | | |
|---|--------------------------------|-------------|--|----------------------|---|---|----------------------|----------------------|----------------------|----------------------|
| 6 | Item | Description | Serial No. | <input type="text"/> | If Item Replaced Mark Box with (X) <input type="checkbox"/> | Removed Component Condition (X) | | | | |
| | Prefix & Ident No. | | | | | Serv | T/R2 | T3/4 | R3/4 | Scrap |
| | Replacement | Description | Serial No. | <input type="text"/> | If Ident Number Different from that Removed, Mark Box with (X) <input type="checkbox"/> | Fault CODING IAW T.O 1C-17A-06 <input type="text"/> | | | | |
| | Prefix & Ident No. | | | | | REF | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Quantity: <input type="text"/> | | JCN (G081 USE ONLY) <input type="text"/> | | Action/ Work Done CODING IAW T.O 1C-17A-06 <input type="checkbox"/> | | | | | |

| | | | | | | | | | | |
|---|--------------------------------|-------------|--|----------------------|---|---|----------------------|----------------------|----------------------|----------------------|
| 7 | Item | Description | Serial No. | <input type="text"/> | If Item Replaced Mark Box with (X) <input type="checkbox"/> | Removed Component Condition (X) | | | | |
| | Prefix & Ident No. | | | | | Serv | T/R2 | T3/4 | R3/4 | Scrap |
| | Replacement | Description | Serial No. | <input type="text"/> | If Ident Number Different from that Removed, Mark Box with (X) <input type="checkbox"/> | Fault CODING IAW T.O 1C-17A-06 <input type="text"/> | | | | |
| | Prefix & Ident No. | | | | | REF | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Quantity: <input type="text"/> | | JCN (G081 USE ONLY) <input type="text"/> | | Action/ Work Done CODING IAW T.O 1C-17A-06 <input type="checkbox"/> | | | | | |

| | | | | | | | | | | |
|---|--------------------------------|-------------|--|----------------------|---|---|----------------------|----------------------|----------------------|----------------------|
| 8 | Item | Description | Serial No. | <input type="text"/> | If Item Replaced Mark Box with (X) <input type="checkbox"/> | Removed Component Condition (X) | | | | |
| | Prefix & Ident No. | | | | | Serv | T/R2 | T3/4 | R3/4 | Scrap |
| | Replacement | Description | Serial No. | <input type="text"/> | If Ident Number Different from that Removed, Mark Box with (X) <input type="checkbox"/> | Fault CODING IAW T.O 1C-17A-06 <input type="text"/> | | | | |
| | Prefix & Ident No. | | | | | REF | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Quantity: <input type="text"/> | | JCN (G081 USE ONLY) <input type="text"/> | | Action/ Work Done CODING IAW T.O 1C-17A-06 <input type="checkbox"/> | | | | | |

| | | | | | | | | | | |
|---|--------------------------------|-------------|--|----------------------|---|---|----------------------|----------------------|----------------------|----------------------|
| 9 | Item | Description | Serial No. | <input type="text"/> | If Item Replaced Mark Box with (X) <input type="checkbox"/> | Removed Component Condition (X) | | | | |
| | Prefix & Ident No. | | | | | Serv | T/R2 | T3/4 | R3/4 | Scrap |
| | Replacement | Description | Serial No. | <input type="text"/> | If Ident Number Different from that Removed, Mark Box with (X) <input type="checkbox"/> | Fault CODING IAW T.O 1C-17A-06 <input type="text"/> | | | | |
| | Prefix & Ident No. | | | | | REF | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Quantity: <input type="text"/> | | JCN (G081 USE ONLY) <input type="text"/> | | Action/ Work Done CODING IAW T.O 1C-17A-06 <input type="checkbox"/> | | | | | |

| | | | | | | | | | | |
|----|--------------------------------|-------------|--|----------------------|---|---|----------------------|----------------------|----------------------|----------------------|
| 10 | Item | Description | Serial No. | <input type="text"/> | If Item Replaced Mark Box with (X) <input type="checkbox"/> | Removed Component Condition (X) | | | | |
| | Prefix & Ident No. | | | | | Serv | T/R2 | T3/4 | R3/4 | Scrap |
| | Replacement | Description | Serial No. | <input type="text"/> | If Ident Number Different from that Removed, Mark Box with (X) <input type="checkbox"/> | Fault CODING IAW T.O 1C-17A-06 <input type="text"/> | | | | |
| | Prefix & Ident No. | | | | | REF | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Quantity: <input type="text"/> | | JCN (G081 USE ONLY) <input type="text"/> | | Action/ Work Done CODING IAW T.O 1C-17A-06 <input type="checkbox"/> | | | | | |