Compilation Guide to MOD Forms 707K (Revised May 99) and 707L (Revised May 99) MODPoster300E(RN) To be compiled in BLUE / BLACK ink ball point pen such that a good copy is made on No Carbon Required forms PPQ = 10Requirement Originating Reference Number Area 1 All Blocks within Area 1 For Work Types 20 & 23: Copy SNOW, Aircraft Serial 14, 17, 20, 23 are to be completed. No (if applicable) and Day, Month and Year from the Work original Work Order or Equipment Conditioning Label. All Blocks within Area 1 Types (For details, refer to AP100N-0101). 16, 19, 22, 25 of the MOD Form 707L eg: A/C Originated – Supplementary: Engineering Work Order Sheet1 are to be completed. A/CSerNo a/DW Day Mth Sheet/ SerialNo **Work Type** |0|0|0|9|X|N|4|0|7|0|3|0|6|9|9 Enter the appropriate Work Type code taken from Table 3 Bar of MOD Form 799A(EWO)RN. Code For Other Work Types: Copy the 'ORN' from the Work Book, leaving the 'A/C Ser No' boxes blank. **Note:** For the following Non MDS Reportable Work WorkType Originating Ship/Sqn/Unit TaskNumber a/cov **A/CSerNo** Day Types; 14, 15, 16, 20, 21 & 22; discard Sheet 1 eg: Bay Originated - Supplementary: (ie; Do not send to IRD(Quality 1). 1 2 3 4 Symptom/Fault/WorkRequired Action Taken/Condition(8) FitforNormalUse Originating Ship / Sqn / Unit FoundServiceable **Task Number** For Work Types 20 & 23: Starting from the left, enter Enter the Task or Survey number the Unit Code from which the fault originated. (Refer to Sub-Assembly Mods, STIs, etc Scrapped GroundUseOnly Replacement the original Work Order or Equipment Conditioning Fitfor Other Reconditionina **Action Taken / Condition** Overhaul Training Use Only Disposal For Other Work Types: Enter the appropriate code Action Taken: Cross boxes (max 3) in the left hand Sentfor Heldfor taken from Table 2 of MOD Form 799A(EWO)RN. Calibration Adiustment group to indicate how the item was made serviceable. Contractor Repair Investigation Reporting Ship/ Sqn/Unit Symptom/ Fault Condition: Cross one box only in the right hand group to NRF(8) \ \ Omnibus(8) WorkCentre ActionTaken/Condition indicate the final condition of the item. Leave stippled Symptom / Fault / Work Required 'Action Taken/Condition' boxes blank Item Description Supplementary Arisings: Enter details of the symptom SerialNo/Qty or fault taken from the Equipment Conditioning Label. Prefix&IdentNo Serial Number / Quantity **Prime Arisings**: Enter details of the fault or work Units&Usage Serial No; Numbered Item: Enter the Serial Number. required Serial Number; Un-Numbered Item: Enter "None". Note: Leave stippled 'Symptom/Fault' boxes blank. **Note:** Where the Serial Number has more than 13 characters (numerals, letters and punctuation), Non Related Fault Item Reporting Ship/ **Omnibus Work Centre** enter only the 13 right-hand characters. Enter the description of the item in the block followed by the Ident No in the boxes provided. The required Prefix (refer Leave Blank Cross this box if the Sqn/Unit Enter Work Centre to Table 6 of MOD Form 799A(EWO)) is to be entered in the first box, as in the following examples: EWO is an omnibus Starting from the left. code taken from Quantity: Record the total number of items repaired. report. enter the Ship/Sqn/Unit Table 2 of For omibus EWOs enter "Qty" and the qty of Notes: 1. For Sect/Ref, and NATO numbers, all Section / Reference Number (Prefix A): code of your location, MOD Form items being worked on. Hyphens, Obliques, Strokes and Spaces are to |**A**|2|6|F|Z|1|2|3|4|5|6|7 799A(EWO)RN. taken from Table 2 of be omitted. MOD Form NATO Number (Prefix B): 2. There is no standard format for manufacturer's **Units & Usage** 799A(EWO)RN for Part Numbers. Therefore, all punctuation is to Prime EWOs or from Items Subject to Life Recording: Where the identified |**B**|5|6|9|5|0|0|7|6|5|4|3|2|1| be entered. item has it's life recorded, whether in the MOD Form 700 MOD Form 731 for Part Number (Prefix C): or on an Elapsed Time Indicator (ETI), enter the Units of Supplementary EWOs 3. NIV part numbers are only to be used after Usage taken from Table 5 of MOD Form 799A(EWO)RN |C|2|2|-|4|4|-|G|L|-|9|9|F prior arrangement with ES AIR MI DQ1. in the first coding box. The current Total Usage is then to 4. In case of difficulty, contact the LDAC, ASE be entered in the following boxes recording whole units by phone or letter. Note: Do not enter mixed units. (Eg; Hours and minutes). Work Unit Code (WUC) Main Equipment Area 2 Leave Blank Main Equipment Description: MDS Designated Main Equipment Only. Where the item is a Main Equipment listed in AP 100N - 0101, enter a brief description in the Aircraft Type clear area. Leave stippled 'Main Equip' boxes blank. **MEquip** Mandatory for Aircraft Originated Faults. Enter Aircraft Main Equipment Serial Number: MDS Designated Type taken from the Equipment Conditioning Label. Description Addit'nl Info

Additional Information

For Additional Information requested by the Data Centre.

Make no entry unless prior arrangements have been made

with ES AIR MI DO1

Main Equipment Only. Where the Main Equipment is identified by a Serial Number, enter the Serial Number in

characters (numerals, letters and punctuation),

Note: Where the Serial Number has more than 13

enter only the 13 right-hand characters.

the boxes, including any punctuation.