



HORRY COUNTY FIRE/RESCUE



APPARATUS WORK ORDER REQUEST Mechanic Generated

Asset No: _____ Running As: _____ Date: _____

Status of unit (Check One)	Out of Service: _____ Time: _____ Date: _____	In Service: _____
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Mileage: _____ Hours: _____ Station: _____

State Problem(s) in Detail:

Mechanic	Activity	Hours	Mechanic	Activity	Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Mechanic: _____

Print Full Name

Mechanic No.: _____