



HORRY COUNTY FIRE/RESCUE



APPARATUS WORK ORDER REQUEST

FAX TO: 248-1695

Asset No: _____ Running As: _____ Date: _____

Status of unit (Check One)	Out of Service: _____ Time: _____ Date: _____	In Service: _____
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Unit Placed Out of Service in Equipment Inventory by Battalion Chief/Medical Officer:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
Battalion Chief/Medical Officer Name: _____	

Mileage: _____ **Hours:** _____ **Station:** _____

State Problem(s) in Detail:

Reported By: _____ **Phone No.:** _____
Type/Print Full Name

Administration Only

Work order #: _____
Date Work order Entered: _____
Entered By: _____