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| **NUM. COMMESSA** |  | **ID MOTORE (REM)** |  |

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| **DATA ARRIVO** |  | **DATA PREVISTA CONSEGNA** |  |

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| **RESP. COMMESSA** |  |

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| **FASE LAVORO** | | | **INIZIO FASE** | | **FINE FASE** | **CONFORMITA’** | **FIRMA RESP/OPERATORE** |
| SMONTAGGIO | | |  | |  |  POS  NEG |  |
| Note: |  | | | | | | |
| LAVAGGIO | | |  | |  |  POS  NEG |  |
| Note: | |  | | | | | |
| TEST ELETTRICI | | |  | |  |  POS  NEG |  |
| Note: | |  | | | | | |
| RIPARAZIONE | | |  | |  |  POS  NEG |  |
| Note: | |  | | | | | |
| RICOSTRUZIONE AVVOLGIMENTO | | |  | |  |  POS  NEG |  |
| Note: | |  | | | | | |
| VERNICIATURA | | |  | |  |  POS  NEG |  |
| Note: | |  | | | | | |
| EQUILIBRATURA | | |  | |  |  POS  NEG |  |
| Note: | |  | | | | | |
| MONTAGGIO | | |  | |  |  POS  NEG |  |
| Note: | |  | | | | | |
| COLLAUDO | | | ADDETTO: |  | |  POS  NEG |  |

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| CONTROLLO FINALE RESP OFFICINA |  POS  NEG | FIRMA |  |
| Note: | | | |

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| DATA SPEDIZIONE |  |