

	JOB ORDER	Page No.	Page 1 of 1
		Form No.	CMED IR-470
		Revision No.	1
		Effectivity	July 12, 2023

Date Prepared : _____ **Job/Work Order Reference No:** _____

Start Time _____

Gaming Equipment: SM ☐ ETG ☐ Contoller ☐ Server ☐ / For RAM Clear ☐ No RAM Clear ☐

Table Games ☐ Others _____

Please specify the equipment

Purpose: For Repair ☐ For Replacement ☐ For Checking ☐ For Testing ☐

Equipment Details : _____

EGM Number / Table Game Number

Location (Area / Zone)

Other equipment

Details:

Description of the equipment

Location (Area / Zone)

Defects Description:

Prepared by:

Verified by:

Noted by:

FULL NAME OVER SIGNATURE
Licensee Technical Representative

FULL NAME OVER SIGNATURE
Licensee Technical Supervisor

FULL NAME OVER SIGNATURE
Licensee Technical Mngr/Head

RECOMMENDATION:

Fault Cause: _____

Resolution/Action: _____

Repair Outcome: _____

Suggestion for Improvement: _____

Remarks: _____

Date End : _____ **End Time :** _____

Prepared by:

Verified by:

Noted by:

FULL NAME OVER SIGNATURE
Licensee Technical Representative

FULL NAME OVER SIGNATURE
Licensee Technical Supervisor

FULL NAME OVER SIGNATURE
Licensee Technical Mngr/Head