



# REPAIR REQUEST

Medical Maintenance Operations Division

TRACY

PART I – CUSTOMER DATA			PART II – MAINTENANCE ACTIVITY DATA		
1a. UIC	1b. Unit Name	1c. Phone	4a. Activity  MMOD-CA	4b. UIC  W05J02	4c. DODAAC  W62SEV
		1d. DSN:			
2a. DODAAC	2b. POC Phone	2c. POC Email	5a. POC Administrator	5b. POC Phone 209-839-4557	5c. DSN 462-4557
3a. Alternate	3b. Alt. Phone	3c. Alt. Email	6a. Alternate Product Control	6b. Alt. Phone 209-839-5578	6c. Alt. DSN 462-5578
3d. Owing Organization UIC:			6c. Email <a href="mailto:usarmy.detrick.usamma.mesg.tracy-supervisors@army.mil">usarmy.detrick.usamma.mesg.tracy-supervisors@army.mil</a>		
EQUIPMENT RETURN TO ADDRESS – CUSTOMER			SHIP TO ADDRESS – MAINTENANCE ACTIVITY		
			ATTN: Production Control US ARMY MEDICAL MATERIEL AGENCY MEDICAL MAINTENANCE – CA 25600 SOUTH CHRISMAN ROAD BLDG T-255 TRACY, CA 95304-9150		
			DODAAC: <span style="float: right;">DODAAC Same as above</span>		
PART III – CUSTOMER OPTIONS					
Email update	Tele Maintenance Request		Request EXCHANGE ( <i>IF AVAILABLE</i> ) Property Book transaction. Serial Number change.		
PART IV – EQUIPMENT LIST					
<b>NOTE: Per CDC, contaminated equipment must be disinfected with a 1:10 – 1:100 dilution of 5.25 – 6.15% sodium hypochlorite (bleach: water).</b>					
GCCS Work Order	NSN	Nomenclature	Serial Number	Symptom or Fault	
<b>ADDITIONAL INSTRUCTIONS: **PLEASE REMEMBER TO INCLUDE THE GCCS-ARMY WORK ORDER FOR ALL DEVICES**</b> Please provide the following for each equipment item (if possible): 1. All accessories (power cord, ECG cables, etc.) 2. Manufacturer service literature for non-standard equipment. If the equipment cannot be repaired, it will be condition coded IAW AR 725-50. The owning or supporting unit will be notified for disposition of device(s). <b>SHIPPING INSTRUCTIONS:</b> 1. Properly pack the equipment to ensure it is not damaged in transport. 2. Include this form with the device(s) or email it to the maintenance activity.					



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This form may be reproduced but shall contain the same information as it appears on this form.