



Date _____
 OC-2 Repair Order

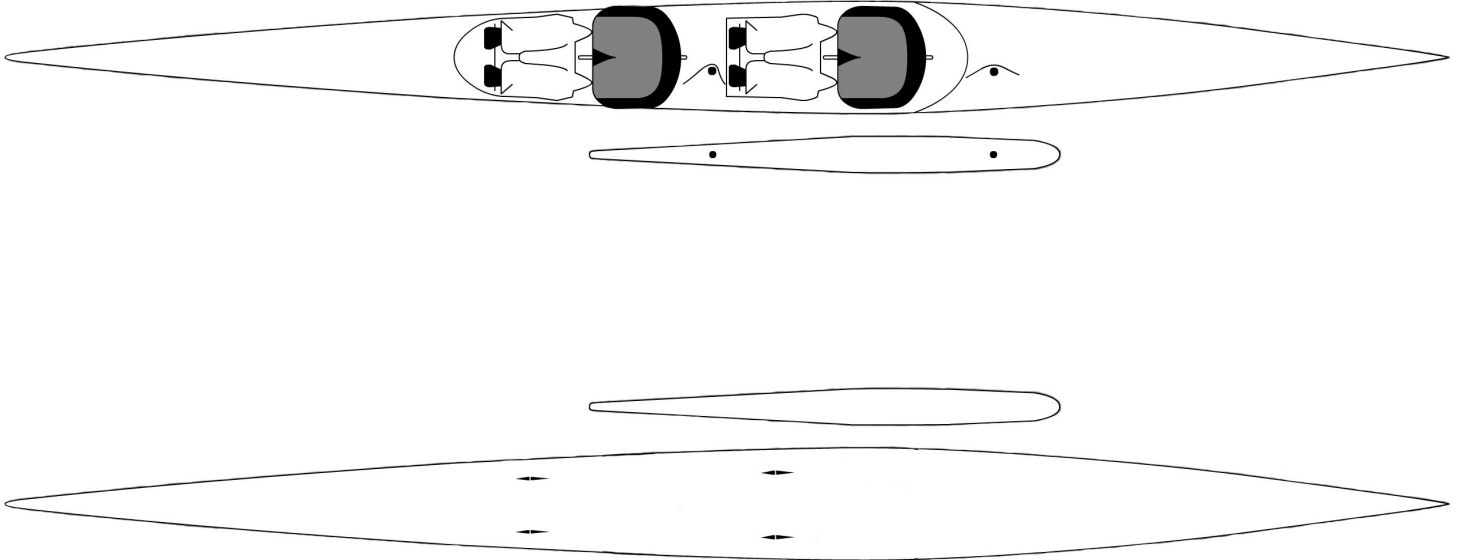
Make	Model	Year
Appearance:		
Item 1.	Item 2.	
Item 3.	Item 4.	
Item 5.	Item 6.	

Customer

Special Instructions

Work To Be Performed

<input type="checkbox"/> Leak Test	<input type="checkbox"/> Wear Test
<input type="checkbox"/> Replace Steering Cables	<input type="checkbox"/> Replace Pedals
<input type="checkbox"/> Replace/Install Venturies	<input type="checkbox"/> Replace/Install Kelp Guard
<input type="checkbox"/> Replace/Install Stow Hatch	<input type="checkbox"/> Replace Iakos
<input type="checkbox"/> Repair Damage - See Below	<input type="checkbox"/> Replace Stubbies
<input type="checkbox"/> Other - Special Instructions	<input type="checkbox"/> Clean & Buff
	<input type="checkbox"/> Replace Seat



LEAK TEST

<input type="checkbox"/> Venturies	<input type="checkbox"/> Hatch Rim Seal
<input type="checkbox"/> Rudder Tube	<input type="checkbox"/> Seat Track
<input type="checkbox"/> Iako Mounts (Canoe + Ama)	<input type="checkbox"/> Seam
<input type="checkbox"/> Lock Hole	<input type="checkbox"/> Pedal Mounts
<input type="checkbox"/> Cable Tubes	<input type="checkbox"/> Handles + Leash
<input type="checkbox"/> Drain Plug Seal + Condition	

Date _____ Tech _____

WEAR TEST

<input type="checkbox"/> Steering Cables	<input type="checkbox"/> Rudder
<input type="checkbox"/> Pedals	<input type="checkbox"/> Venturi + Kelp Guard
<input type="checkbox"/> Bungee + Loops	<input type="checkbox"/> Hatch
<input type="checkbox"/> Decals	<input type="checkbox"/> Iako Mount Fit
<input type="checkbox"/> Seats	<input type="checkbox"/> Iako Condition
	<input type="checkbox"/> Stubby Condition

Date _____ Tech _____

Tech Notes

Time _____

Replaced Parts

<input type="checkbox"/> Steering Cable(s) _____	<input type="checkbox"/> Drain Plug
<input type="checkbox"/> Pedal(s) _____	<input type="checkbox"/> Venturie(s) _____
<input type="checkbox"/> Kelp Guard	<input type="checkbox"/> Rudder Yoke
<input type="checkbox"/> Stow Hatch _____	<input type="checkbox"/> Rudder Knob/Hardware
<input type="checkbox"/> Iakos	<input type="checkbox"/> Decals
<input type="checkbox"/> Stubbies	<input type="checkbox"/> Bungee Cord _____
<input type="checkbox"/> Bungee Loop(s) _____	<input type="checkbox"/> Foam Seat(s) _____