



Date _____
 SUP Repair Order

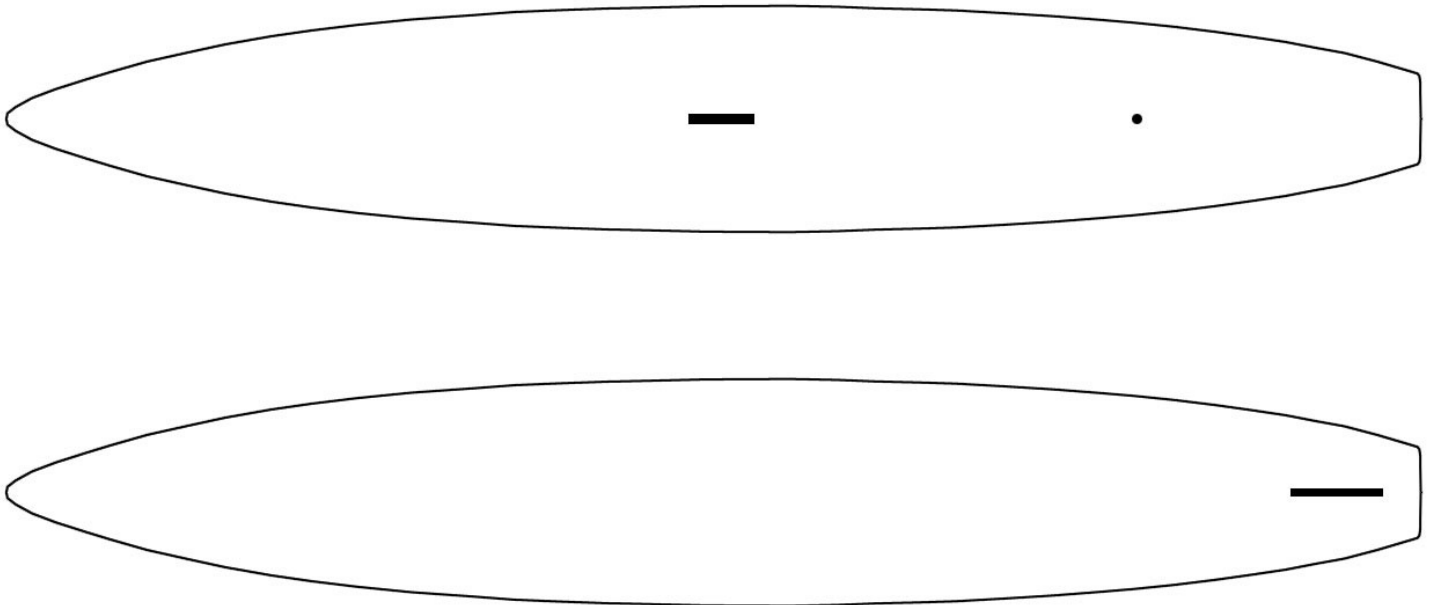
Make	Model	Year
Appearance:		
Item 1.	Item 2.	
Item 3.	Item 4.	
Item 5.	Item 6.	

Customer

Special Instructions

Work To Be Performed

<input type="checkbox"/> Leak Test	<input type="checkbox"/> Wear Test
<input type="checkbox"/> Replace Deck Pad	<input type="checkbox"/> Replace Fin
<input type="checkbox"/> Replace/Install Bungees	<input type="checkbox"/> Replace/Install Kelp Guard
<input type="checkbox"/> Replace/Install Venturies	<input type="checkbox"/> Clean & Buff
<input type="checkbox"/> Replace/Install Stow Hatch	<input type="checkbox"/> Other - Special Instructions
<input type="checkbox"/> Repair Damage - See Below	



LEAK TEST

<input type="checkbox"/> Venturies	<input type="checkbox"/> Hatch Rim Seal
<input type="checkbox"/> Fin Box	<input type="checkbox"/> Seam
<input type="checkbox"/> Leash Pin	<input type="checkbox"/> Recessed Handle
<input type="checkbox"/> Lock Hole	<input type="checkbox"/> Drain Plug Seal + Condition

Date _____ Tech _____

WEAR TEST

<input type="checkbox"/> Deck Pad	<input type="checkbox"/> Fin
<input type="checkbox"/> Recessed Handle	<input type="checkbox"/> Venturi + Kelp Guard
<input type="checkbox"/> Bungee + Loops	<input type="checkbox"/> Hatch
<input type="checkbox"/> Decals	<input type="checkbox"/> Gel Coat
<input type="checkbox"/> Carry Straps	

Date _____ Tech _____

Tech Notes _____

Time _____

Replaced Parts

<input type="checkbox"/> Deck Pad	<input type="checkbox"/> Drain Plug
<input type="checkbox"/> Kelp Guard	<input type="checkbox"/> Venturie(s) _____
<input type="checkbox"/> Stow Hatch _____	<input type="checkbox"/> Decals
<input type="checkbox"/> Bungee Loop(s) _____	<input type="checkbox"/> Bungee Cord _____
<input type="checkbox"/> Fin	