MEDICAL/DENTAL EQUIPMENT MAINTENANCE RECORD

NAVMED 6700/3 (REV. 7-81) S/N 0105-LF-206-7015

NSN	NOMENCLATURE	MODEL	SER. NO.
			PA NO.

FSCM	MANUFACTURER NAME AND ADDRESS	UNIT COST	LIFE EXPECTANCY	DATE INSTALLED

ACTIVITY/DEPARTMENT	TECHNICAL REF.	TECHNICAL REF.	CONDITION CODE

MAINTENANCE DATA

INSPECTED		ELECTRICAL SAFETY CHECK		MAINTENANCE PERFORMED
DATE	BY	RESISTANCE ☐	LEAKAGE uA	

NOTE SHIPS: 1. Use MIPs for scheduled PM; use this form for unscheduled maintenance only.
2. Submit a copy of this form to NAVMEDMATSUPPCOM for each equipment item when it is originally procured to aid in repair parts provisioning.

REPAIRS ACCOMPLISHED

DATE							LABOR		DOCUMENT
IN SHOP	OUT SHOP	NSN OR MFG's PART NUMBER	SOURCE (FSCM)	QTY	UNIT COST	TOTAL COST	REPAIRED BY	M/H	WORK ORDER NO.