| LOST TOOL/OBJECT REPORT | | | | | | PAGE | OF | | PAGES | |
|--|---|-------------------------------|-----------------------|----------------------|-------------------------|----------------|-------------------------------------|----------------------|-----------|--|
| BASE | | AIRCRAFT SERIAL NUMBER | | ORGANIZATION AND W/C | | DATE(S) | | TIME LOST | | |
| | | | | | | | | | | |
| COMPOSITE TOOL KIT NUMBER | | DESCRIPTION OF OBJECT | DESCRIPTION OF OBJECT | | AFTO 781A PAGE BLOCK | | AIRCRAFT IMPOUNDED: TIME DATE | | YES NO | |
| W/C SI | JPV NOTIFIED | MAINT SUPV NOTIFIED | мост | NOTIFIED | | ODIAN NOTIFIED | QA N | OTIFIED | | |
| | | (Last Name, Initial) | (Last I | Name, Initial) | (Last Nam | Name, Initial) | | (Last Name, Initial) | | |
| | | NAME | | | | | NAM | | | |
| | | TIME | | | TIME | | TIME | | | |
| DATE ITEM LOST | | DATE | DATE | | DATE | | DAT | E | | |
| AREA ITEM | | | | | | TED | | DIVIDUAL | TIME/DATE | |
| NO. | MAINTENANCE SUPERVISOR/SUPERINTENDENT WILL INSURE ALL ITEMS COMPLETED | | | | | | | NITIALS | INITIALED | |
| | NAME OF INDIVIDUAL(S) THAT LOST OBJECT | | | | | | | | | |
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| | WORK BEING PERFORM | ED WHEN ITEM LOST | | | | | | | | |
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| | AREAS CHECKED AND STEPS TAKEN TO FIND OBJECT | | | | | | | | | |
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| | SEARCH CONDUCTED BY (List all Individuals) | | | | | | | | | |
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| | ITEM WAS/WAS NOT FOU | JND (If found, give location) | | | _ | | | _ | | |
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| 6 | COPY OF FORM FILED BY | Y CIK CUSTODIAN | | | | | | | | |
| | FORM FILED BY RECORD | DS CLERK (If Applicable) | | | | | | | | |
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| | SIGNATURE OF MAINTEN | NANCE SUPERVISOR/SUPERIN | TENDE | NT | | | _ | | | |
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| ACC FORM 145, 20200626 Previous editions currently in use as of date of this | | | | | | | | | | |