**MANUFACTURING STOP WORK ORDER**

**Contact Information:**

|  |  |
| --- | --- |
| **Issued By:** | [Name] and [Title of Issue] |
| **Contact Number:**  | [Issuer's Phone Number] |
| **Email:**  | [Issuer's Email Address] |

**Project Details:**

|  |  |
| --- | --- |
| **Project Name:** | [Name of Project] |
| **Location:** | [Manufacturing Facility Name] and [Address] |
| **Department/Unit:** | [Department/Unit Name] |
| **Equipment:** | [Name of Equipment Being Used] |
| **Product:** | [Type of Product Being Produced] |
| **Safety/Quality Control Standards:** | [Relevant Safety or Quality Control Standards] |

**Reason for the Stop Work Order:**

[Provide a clear and concise explanation for the stoppage of work, emphasizing any safety concerns, quality control issues, equipment malfunctions, or non-compliance with standards.]

**Description of the Work to be Stopped:**

[Describe the specific tasks, processes, or areas of the production that are to be halted. Include any relevant details that will help the team understand the scope of the stoppage.]

**Corrective Actions:**

[Specify any immediate corrective actions that need to be taken to address the issues leading to the stoppage. These actions may include equipment maintenance, process adjustments, quality control checks, or any other necessary measures.]

**Required Resumption of Work:**

[Clearly outline the conditions or criteria that must be met before work can be resumed. This may include completing equipment repairs, implementing process improvements, conducting quality assurance checks, or obtaining necessary approvals]

**Criteria for Resumption of Work:**

1. [List the first criterion for resumption]
2. [List the second criterion for resumption]
3. [List additional criteria if necessary]

**Signatures of Relevant Parties:**

By signing below, the involved parties acknowledge and agree to comply with the terms and conditions of this Stop Work Order.

**Issuer:**

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [Date] |
| **Issuer Signature** |  | **Date** |
| [Name] |
| **Issuer's Name** |

**Team/Department Representative**

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [Date] |
| **Representative's Signature** |  | **Date** |
| [Name] |
| **Representative's Name** |