## Tooling Assessment Checklist

To be completed by operator at the end of the job and when tooling is needed.

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| **Operator’s Name** |  |
| **Date** |  |
| **Part Number** |  |
| **Part Description** |  |
| **Job Box Number** |  |

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| --- | --- |
| **Description Condition** **(Good/ Needs Sharpened/ Needs Replaced)** | |
| **Form Tool** |  |
| **Shave Tool** |  |
| **Recess Tools O.D.** |  |
| **Recess Tools I.D.** |  |
| **Drills** |  |
| **Rough Drills** |  |
| **Form Drills/Reamers** |  |
| **Thread Rolls** |  |
| **Thread Chasers** |  |
| **Taps** |  |
| **Mill Cutters** |  |
| **End Mills** |  |
| **Roll Marking Die** |  |
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