

TOOLING/FIXTURE REQUEST FORM

[Clear Form](#)

Request #:

Work Order:

Purchase Order:

Closed Date:

<i>This section to be completed by Requestor.</i>				
Department(s) where tooling/fixture is used:				Date Requested:
Requested by:		Ext:	Requested Completion Date:	
Supervisor / PE Approval:		Ext:	Quantity needed:	
Type of Request:		Tooling Number:	90-	
Other / Notes:	Reference Tooling Number(s):			
	Product Customer:			
	Production Part Number(s):			
Reason for request:				
<i>This section to be completed by Manufacturing Engineer.</i>				Date:
Manufacturing Engineering:				
<i>Does the new or revised tooling/fixture affect production procedures?</i>				
Select Y/N	Affected Items (indicate all that apply)	List details (include document number)	Resolution (effective date)	
Yes No	Operation Sheet			
Yes No	Assembly Procedure			
<i>If tool is new or being used on a new part, is it called out in any Reference Documents?</i>				
Yes No	Reference Document			
<i>Does the tooling/fixture have new or revised critical features that will affect Maintenance and/or Calibration?</i>				
Yes No	Maint./Calib. schedule			
Yes No	Calibration Procedure			
Yes No	Other (please specify)			
Check validation process used: (or mark N/A)	SF 343	(must be filed with request when complete)		
	Engineering Report	Engineering Report #		
	Other (explain)			
Engineering Approval	Project Engineering:			
	Quality Engineering:			
Escalation for Rejection	Director of Engineering:			
	Director of Quality:			
Reason for rejection:				