

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:					
Does the new or revised tooling/fixture affect production procedures?					
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			
If tool is new or being used on a new part, is it called out in any Reference Documents?					
Yes	No	Reference Document			
Does the tooling/fixture have new or revised critical features that will affect Maintenance and/or Calibration?					
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:					