



MACHINE:	
SERIAL NUMBER:	
DEPARTMENT:	



DAY	<u>DATE</u>	Hydraulic Pressure				Way Lubrication			Way Wipers		Cutting Fluid				<u>Spindle</u>			X Axis Movement		Z Axis Movement			
		(BAR)	High	Low	Qty Add	High	Low	Qty Add	X axis	Z axis	High	Low	Qty Add	Ph	Heat	Vibration	Noise	Smooth	Rough	Smooth	Rough	<u>Comments</u>	<u>Signature</u>
Monday																							
Tuesday																							
Wednesday																							
Thursday																							
Friday																							
Saturday																							
Sunday																							1
Monday																							
Tuesday																							
Wednesday																							
Thursday																							
Friday																							
Saturday																							
Sunday																							

Note: Fill in worksheet at the start of each shift, machine shop supervisor is to sign	off worksheet at the end of a two week period. Any urgent repairs must be escale	ated to management.
Supervisor:	Signature:	Date: