



TRIAL TOOL RESULTS FORM

Customer Name		Ref No.	
Address		Date	
		Sales/Apl. Engg.:	
Contact Person's Name & Dept.:		Contact No.:	
Tool Description:			
Component Details:		Operation Details:	
Component Name:		Type :	
Material:		Hole/Drill Depth:	
Hardness:		Hole Type:	
Tensile Strength:		Gauge Details:	
Recommended Parameters:			
Size:		Coolant:	
Speed:		These parameters are for only as a guide can vary according to working conditions	
Feed:			
Machine/Tapping Details:			
Present Status		Trial Status	
M/c. Type		Tool-1	Tool-2
Spindle rpm:			
Speed:			
Feed:			
Coolant:			
Tap Make:			
No Of Flutes:			
Type /Tool No:			
Life Obtained			
Kind of Failure		Thread Chip off / Thread worn out / No Go answering / Go Tight / Tap Breakage / Reverse Cutting / Chip Clogging / Built up edge	
Tool Consumption /Quarter:			
Cost / Component:			
Cycle time of operation:			
Trial Result Summary:			
Additional Information if any:			
Sales Engineer		Branch Manager	
DSO:			