

TRIAL TOOL REPORT

This report MUST be completed & approved by BIG DAISHOWA engineering dept. before any return.

TRIAL TOOL INFORMATION

DATE: _____
ENGINEER SIGN OFF # _____ RGA #: _____
DISTRIBUTOR: _____ END USER: _____
PO # OR INVOICE #: _____ CONTACT: _____

TRIAL TOOL TEST INFORMATION (Please Attach Copy of BIG DAISHOWA Invoice)

DISTRIBUTOR REPRESENTATIVE PRESENT: _____
BIG DAISHOWA PERSONNEL PRESENT: _____
WORKPIECE MATERIAL: _____ STOCK ALLOWANCE: _____ HARDNESS: _____
MACHINE MAKE: _____ MACHINE MODEL: _____
AGE/CONDITION: _____ SPINDLE TYPE/SIZE: _____ VERTICAL _____ HORIZ _____
COOLANT: THROUGH FLOOD TYPE (i.e.: Semi-Synthetic): _____ PRESSURE: _____
SPEED: S.F.M _____ FEED: I.P.R. _____
R.P.M _____ I.P.M. _____
CHIP FORMATION: "C" S STRINGS FIXTURE/WORKPIECE STABILITY: _____
CHIP EVACUATION: EXCELLENT GOOD Rate 1 – 10 (10 = Excellent, 1 = Unsatisfactory)
POOR NONE

For Carbide Drill Test Only

METHOD OF TOOL HOLDER: COLLET CHUCK HYDRAULIC CHUCK END MILL HOLDER OTHER
RUNOUT: _____
DISPOSITION: CUST. TO KEEP TOOLS CUST. TO RETURN TOOLS FURTHER TESTING REQ.

TRIAL TOOL RESULTS: