Format No.:

Tool Inspection Report No.	:
Inspection Date	:
Tool Number	:
Tool Description	:
Supplier Name	:
Drawing No.	:

Tool Specifications

Acceptable Tolerances

Location

Method of Checking

TEST					
Test -1	Test -2	Test -3	Test -4	Test -5	Remarks

Result	Result Evidence
{ } Acceptable { } Rejected	
Inspected By	**Approved By**

Special Remarks by Quality Manager

Manager – Quality Control / Quality Assurance