

SAMPLE TEST TOOL REPORT

Please make copies of this original for your staff.

Date: _____ Distributor: _____
 Customer Name: _____ Salesman: _____
 Contact: _____ Street: _____
 Street: _____ City: _____
 City: _____ Phone: _____
 Phone: _____

Tap Size	Type of Tap	# of Flutes	GH Limit	EDP#	Surface Treatment
Qty	Tread Class	Gage Go: No Go:	% of Thread		Tapping Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/>
Work Material	Hardness	Hole Size	Lubricant Flow <input type="checkbox"/> Brush <input type="checkbox"/>		
Tapping Speed	RPM Feet/Minute	Operation 1) Hand 2) Machine 3) NC Machine			
Hole Dimension A: _____ B: _____ C: _____	• Circle One • Show Tap Entry Using Arrow				
Test Results Tool Life: Comments:	Competition: Tool Life: Price: Comments:	Brand:			
Tapping Problem:	<input type="checkbox"/> Breakage	<input type="checkbox"/> Teeth Breakage	<input type="checkbox"/> Rough/Torn Thread	<input type="checkbox"/> Chipping	
	<input type="checkbox"/> Loading	<input type="checkbox"/> Extreme Wear	<input type="checkbox"/> Oversize	<input type="checkbox"/> Undersize	

Additional Information:

Criteria For Successful Test:

