TOOL CONTAINER REQUEST

SECTION I - REQUEST

1. DATE REQUESTED	2. EMPLOYEE NAME	3. REQUESTING SHOP CODE	4. REQUESTING SHOP PHONE #

*5. POC (IF NOT SAME AS ABOVE)

6. TOOL CONTAINER TYPE *(choose one of the following five types)*

☐ CELL ☐ TASK ☐ POINT OF USE TOOLING (POUT) ☐ DAILY USAGE *(choose one of the following four styles of daily usage containers)*

☐ OTHER: _____ ☐ SMM ☐ ACM ☐ AE ☐ OTHER _____

NOTE: If a non-template tool box is being requested, ensure FRCSEINST 4790.112 is followed for justification.

7. JUSTIFICATION

SECTION II - APPROVAL

1. SUPERVISOR	☐ RECOMMENDED	☐ NOT RECOMMENDED
NAME *(print or type)*	SIGNATURE AND DATE	
2. GENERAL FORMAN	☐ APPROVED	☐ DISAPPROVED
NAME *(print or type)*	SIGNATURE AND DATE	
3. DIVISION DIRECTOR/SBT PROGRAM MANAGER	☐ APPROVED	☐ DISAPPROVED
NAME *(print or type)*	SIGNATURE AND DATE	
4. CENTRAL TOOL ROOM	☐ APPROVED	☐ DISAPPROVED
NAME *(print or type)*	SIGNATURE AND DATE	

5. TOOL BOX NUMBER	6. DATE RECEIVED AT CTR

*Optional fields, all other fields are required.
Complete all required fields and mark unused optional fields with N/A.