LOST TOOL REPORT FIELD SERVICE TEAM USE ONLY

CONTROL NUMBER:

1. ARTISAN Shop Code: 62 Location: Date: Time:

Employee #: Employee Name: Stamp #:

Lost Tool Description: Tool NIIN: Tool Box #: Drawer #:

Employee's Signature: Date: Time:

2. SUPERVISOR Shop Code: 62 Date: Time:

Areas Worked: A/C TMS/ SEQ/ BUNO:

Action Taken to Locate Tool:

☐ It has been determined that Tool was lost in Aircraft. ☐ It has been determined that Tool was NOT lost in Aircraft.

☐ Tool Found – Forwarded to QA ☐ Tool NOT found – Forward to Area QA for further processing

Supervisor Name: _____ Signature: _____
(Authorized to Resume to Work)

3. QUALITY ASSURANCE Code: 64230 Date: Time:

Action Taken: _____

☐ Tool Found – Make distribution as per block #6 (Except Squadron)

☐ Tool NOT Found – Coordinate Blocks 4 & 5 then make and distribute copies as required in accordance with block #6

NOTE: Block # 3 not required for Field Service Teams without a FRCSE Quality Assurance Specialist on site.

QAR Name: _____ Signature: _____ QA Stamp #: _____

*4. GENERAL FOREMAN *(if applicable)* Date: Time:

Return to Work Authorized? ☐ YES ☐ NO

Comments: _____

Foreman's Name: _____ Signature: _____ Shop Code: _____

5. SQUADRON QUALITY ASSURANCE REP Date: Time:

The above listed tool was not found. The following action was taken prior to accepting the aircraft:

Comments: _____

QAR Name: _____ Signature: _____

6. SQUADRON MAINTENANCE OFFICER Date: Time:

The above listed tool was NOT found. The potential of a lost tool on this aircraft is acknowledged and appropriate actions will be taken by squadron personnel.

Comments: _____

Maintenance Officer/Chief Name: _____ Signature: _____

7. Distribution: Copies to the following as required (ensure tool box numbers [NJK or WC3] are filled in)

FRCSE 64240 (attach original to POA) Squadron Maintenance Office

FRCSE 64100, 64200, 63232, 65200 (Security) Tool Container Logbook # _____

From Code: 62

To: Central Tool Room, Code 63232

The tool listed in section one was NOT found. Please issue _____ a replacement tool.

Supervisor Name: _____ Signature and Date: _____

*Complete if applicable, all other fields are required

Complete all required fields and mark unused optional fields with N/A.

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