# TOOL CONTAINER CHANGE REQUEST

## SECTION I - TOOL BOX INFORMATION

| | | | |
|---|---|---|---|
| 1. DATE | 2. SHOP CODE | 3. PHONE # | 4. PRIORITY |
| 5. ORIGINATOR NAME *(print or type)* | | 6. EMPLOYEE NUMBER | |
| 7. TOOL BOX NUMBER | 8. BOX TYPE | 9. LEVEL | |

## SECTION II - REQUESTED CHANGE(S)

| | | | |
|---|---|---|---|
| 1. NOMENCLATURE | | | 2. QUANTITY |
| 3. MFR | 4. P/N | 5. NSN | |
| 6. DRAWER | 7. ITEM # | ☐ ADD ☐ DELETE ☐ MODIFY | |
| 8. NOMENCLATURE | | | 9. QUANTITY |
| 10. MFR | 11. P/N | 12. NSN | |
| 13. DRAWER | 14. ITEM # | ☐ ADD ☐ DELETE ☐ MODIFY | |
| 15. JUSTIFICATION | | | |

## SECTION III - RECOMMENDATION

| | | | |
|---|---|---|---|
| ☐ RECOMMENDED<br>☐ NOT RECOMMENDED | 16. SUPERVISOR NAME | ☐ RECOMMENDED<br>☐ NOT RECOMMENDED | 18. GENERAL FOREMAN NAME |
| 17. SIGNATURE AND DATE | | 19. SIGNATURE AND DATE | |

## SECTION IV - APPROVAL

**DAILY USE BOX ONLY**: Changes to daily use boxes **MUST** be approved by **ALL** SBT Leads that represent the trade requesting a change *(in addition to the above approval)*.

| | | | |
|---|---|---|---|
| 1. STB LEAD<br>☐ APPROVE<br>☐ DISAPPROVE | 1a. NAME *(print or type)*<br>1b. SIGNATURE AND DATE | 2. STB LEAD<br>☐ APPROVE<br>☐ DISAPPROVE | 2a. NAME *(print or type)*<br>2b. SIGNATURE AND DATE |
| 3. STB LEAD<br>☐ APPROVE<br>☐ DISAPPROVE | 3a. NAME *(print or type)*<br>3b. SIGNATURE AND DATE | 4. STB LEAD<br>☐ APPROVE<br>☐ DISAPPROVE | 4a. NAME *(print or type)*<br>4b. SIGNATURE AND DATE |
| 5. STB LEAD<br>☐ APPROVE<br>☐ DISAPPROVE | 5a. NAME *(print or type)*<br>5b. SIGNATURE AND DATE | 6. STB LEAD<br>☐ APPROVE<br>☐ DISAPPROVE | 6a. NAME *(print or type)*<br>6b. SIGNATURE AND DATE |
| 7. STB LEAD<br>☐ APPROVE<br>☐ DISAPPROVE | 7a. NAME *(print or type)*<br>7b. SIGNATURE AND DATE | 8. STB LEAD<br>☐ APPROVE<br>☐ DISAPPROVE | 8a. NAME *(print or type)*<br>8b. SIGNATURE AND DATE |
| 9. CENTRAL TOOL SUPERVISOR<br>☐ APPROVE ☐ DISAPPROVE | 9a. NAME | | 9b. SIGNATURE AND DATE |

## SECTION V - ORDERING/ISSUING

| | | |
|---|---|---|
| 28. ON ORDER/REQUESITION NUMBER | 30. TOOL ISSUED TO | 31. DATE |
| 29. COST | 32. DELETED TOOL RECEIVED BY TOOL ROOM EMPLOYEE | 33. DATE |



Complete columns in Section III as needed, all other fields are required.
Complete all required fields and mark unused optional fields with N/A.