TOOL REPAIR RECEIPT TAG

MUST BE FILLED OUT BY SUPERVISOR OR DESIGNATED PERSON.

SHOP	PHONE	DATE
NAME *(Print)*		PAYROLL NO.
KIT NO. *(IF APPLICABLE)*	TCN	
TOOL DESCRIPTION		
REC'D BY		WINDOW NO.
REPAIRED BY		DATE
DATE RETURNED TO EMPLOYEE		
EMPLOYEE SIGNATURE		

RECORD OF TOOL REPAIR TO BE KEPT IN PERSONNEL FILE/KIT FILE AFTER TOOL IS REPAIRED AND RETURNED TO EMPLOYEE. *(over)*

SHOP	PHONE	DATE
NAME *(Print)*		PAYROLL NO.
TOOL DESCRIPTION		TCN
REC'D BY		WINDOW NO.

RECEIPT OF TOOL: THIS STUB IS TO BE GIVEN TO EMPLOYEE TURNING IN TOOL FOR REPAIR OR CALIBRATION

FRC EAST 10290/15 (Rev. SEP 2008)

Give a brief description of problem concerning this tool:

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