Shift Report

Date:	Part #:	Shop Order:
Machine:	Shift:	Operator:

1. What is the status of the machine? (circle one)
   Running On Setup Completed Setup

2. Machine Fluid Levels (circle yes or no)
   Hydraulic filled YES NO
   Coolant filled YES NO

3. Has the machine crashed? (circle yes or no) YES NO
   (if so, please write a full explanation on the back of this sheet)

4. Have any tools crashed:(for each tool, circle all that apply) YES NO
   Tool Station Number_____
   Replace Tool Rebuild Tool Reorder Back Up Tool
   Tool Station Number_____
   Replace Tool Rebuild Tool Reorder Back Up Tool
   Tool Station Number_____
   Replace Tool Rebuild Tool Reorder Back Up Tool

5. Operating Status: How is the machine running? (circle one)
   Good Fair Poor
   Has the program been edited? YES NO
   What required changing?_____
   _____
   _____

6. Speeds and Feeds: Have they been changed? (circle one) YES NO
   Tool # _____ Revised Speed _____ Feed _____
   Tool # _____ Revised Speed _____ Feed _____

7. Tooling Status: Running OK (circle one) YES NO
   Station# _____ Change Tool Style: _____
   Station# _____ Change Insert Style: _____
   Station# _____ Change Drill Style: _____
   Station# _____ Change Tap Style: _____

   Other Tooling Comments: _____
   _____
   _____

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