## Tool Repair WORK ORDER

## Bachman Machine Company

Date:	
Originator	
Originator:	

Tool Nur	nber:	Next Run Date:								
Customer N	Name:									
I	Tool Description / Part(s) made:									
	Tool Maintenance Cost For This Job Is: (check one box)									
	Not Billable (Routine Maintenance, BMC caused, BMC initiated improvement)  Billable (Alterations for set-up, Non-routine maintenance)									
End of Ru	ın Ye	s 🔲	No							
Descriptio	Description of problem, repair required or comments:									
						V.				
Descriptio	Description of work done:									
-										
			***************************************							
Toolmaker	Date	Hrs.	Toolmaker	Date	Hrs.	Toolmaker	Date	Hrs.		
			l <sub>2</sub>							