

Trial Tool Results Form

Company Information:	
Contact:	Date:
Company Name:	Phone:
Address:	Order Number:
City, State, Zip	e-mail Address:

Work Material:
Hardness:
Machine Type:
Coolant Type:

Application		
Drilling <input type="checkbox"/>	Milling <input type="checkbox"/>	Other <input type="checkbox"/>
Explain:		
Spindle		
Horizontal <input type="checkbox"/>	Vertical <input type="checkbox"/>	Other <input type="checkbox"/>
Explain:		

	Competitor	M.A. Ford®
Company Name		
Tool Number		
Recommended SFM		
Recommended IPR		
RPM		
Feed Rate		
Tool Life		
Number of holes		
Number of inches		
Failure Type		

Comments:

For Internal Use:	
Results Approved?	Need More Information