

Lathe Tool Change Inspection Form

Machine ID / No.

Operator Name

Date

Shift

Tool Type/Description

Tool ID / No.

Time Changed

Inspection Item	Checked	Remarks
Tool Installed Correctly	<input type="checkbox"/>	<input type="text"/>
Tool Condition (No Damage/Defects)	<input type="checkbox"/>	<input type="text"/>
Tool Alignment/Setting	<input type="checkbox"/>	<input type="text"/>
Secure Mounting	<input type="checkbox"/>	<input type="text"/>
Lubrication/Coolant	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>

Comments/Observations

Operator Signature

Date

Supervisor Signature

Date