

# Machining Center Tool Replacement Record

Machine Name / ID

Date

Operator

## Tool Replacement Details

| No. | Tool ID / Name | Position | Reason for Replacement | Removed Tool Life (Cycles/Hours) | Replaced By (Tool ID/Name) | Remarks |
|-----|----------------|----------|------------------------|----------------------------------|----------------------------|---------|
| 1   |                |          |                        |                                  |                            |         |
| 2   |                |          |                        |                                  |                            |         |
| 3   |                |          |                        |                                  |                            |         |
| 4   |                |          |                        |                                  |                            |         |
| 5   |                |          |                        |                                  |                            |         |

Checked by

Supervisor Approval

General Remarks