





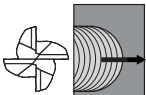
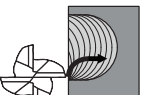
Tool Performance Report (TPR)

Success **Failure** Sales Order# _____ PO#: _____ Invoice #: _____ RGA#: _____









*(Red fields indicate required information)

Helical Sales Rep*: _____ Testing Date*: _____
 Distributor*: _____ Contact*: _____ Phone* _____ Email*: _____
 Enduser*: _____ Contact*: _____ Phone* _____ Email*: _____
 Material Type*: _____ Condition: _____ Hardness*: _____
 Raw State: _____ Add'l Processes: _____ Work Holding: _____
 Machine Mfg*: _____ Model#: _____ Type: _____ Spindle*: _____ Max. RPM's: _____ HP: _____
 Coolant Type: _____ Method of Delivery: _____ Coolant Flow: _____ Concentrate %: _____
 Tool Holder Type*: _____ Holder Condition: _____ Holder Balancing: _____
 Static Run-out*: _____ Tool Holder Projection (from gage line): _____ Holder Extension (being used): Yes No

Tool Entry*
(Check all that apply)

 Pre-Drilled Hole
  Helical Interpolation
  Ramping
  Plunging
  Straight Entry
  Roll-In

Milling Conditions*
(Check all that apply)

 Finishing
  Light Roughing
  Heavy Roughing
  Slotting
  Contouring
  Pocketing
  Ramping
  Plunging

Type of Cut: Climb Cutting Conventional Cutting Combination of Both

CAM Software Used: _____
 Tool Path Used: _____
 Corner Feed Adjustment? YES NO

Customer Test Requirements* (Check all that apply)

Parts/Tool: _____ Linear Inches/Tool: _____ Cu. Inches/Tool: _____ Cut Time/Tool (HH:MM:ss): _____
 Cycle Time Reduction per Part (HH:MM:ss): _____ Spindle Load(%): _____ Surface Finish Req: _____

Tool Information	1. Brand*:	_____
	2. Tool Style:	_____
	3. Tool EDP#*:	_____
	4. Lot #:	Shank: _____ Pkg: _____
	5. # Flutes (Z)*:	_____
	6. Cutting Diameter (D ₁)*:	_____
	7. Shank Diameter (D ₂):	_____
	8. Length of Cut (LOC)*:	_____
	9. Overall Length (OAL)*:	_____
	10. Length Below Shank (LBS):	_____
	11. Tool Coating:	_____
	12. Corner Construction*:	Type: _____ Size: _____
	13. Shank Construction:	_____
Results	14. Surface Feet per Minute: (SFM)	_____
	15. Revolutions per Minute* (RPM)	_____
	16. Feed per Tooth: (FPT)	_____
	17. Inches per Minute*: (IPM)	_____
	18. Axial Depth of Cut*: (ADOC)	_____
	19. Radial Depth of Cut*: (RDOC)	_____
	20. Metal Removal Rate: (MRR)	_____
	21. Surface Finish (Ra):	_____
	22. Cycle-Time per Part (HH:MM:ss):	_____
	23. Parts per Tool:	_____
	24. Inches Machined per Tool:	_____
	25. Cut Time per Tool (HH:MM:ss)	_____

Experienced Issues <small>(check all that apply)</small>		Helical	
<input type="checkbox"/>	Breakage (In flute area)	<input type="checkbox"/>	Shank: _____ Pkg: _____
<input type="checkbox"/>	Breakage (In neck/shank area)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Excessive Flank Wear	<input type="checkbox"/>	_____
<input type="checkbox"/>	Chipped Cutting Edge	<input type="checkbox"/>	_____
<input type="checkbox"/>	Excessive Corner Wear	<input type="checkbox"/>	Type: _____ Size: _____
<input type="checkbox"/>	Chip Compaction	<input type="checkbox"/>	_____
<input type="checkbox"/>	Built-Up Edge (BUE)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Chatter/Vibration	<input type="checkbox"/>	_____
<input type="checkbox"/>	Poor Surface Finish	<input type="checkbox"/>	_____
<input type="checkbox"/>	Deflection/Wall Taper	<input type="checkbox"/>	_____
<input type="checkbox"/>	Tool "out of Spec"	<input type="checkbox"/>	_____
<input type="checkbox"/>	Flaking of Coating	<input type="checkbox"/>	_____
<input type="checkbox"/>	Notching	<input type="checkbox"/>	_____