

Customer Tool Survey

Surveyor: _____ Date: _____

Customer Information

Company: _____ Contact Name: _____
Phone: _____ Email: _____

Product Information

Part Name: _____ Part Number: _____
Operation: _____ Run Quantities: _____
Material Type: _____
Material Thickness: _____ Width: _____ Pitch: _____
Pieces/Stroke: _____ Coil: Strip: Blank: Other: _____
Larson-supplied Material: Customer-supplied Material:

Tool Information

Tool Size: L-R: _____ F-B: _____ Shut Height: _____ Feed Height: _____
Die Set Type: _____ On Parallels: Yes No Part Thru Die: Yes No
Tonnage Required: _____ Bed Opening Required: L-R: _____ F-B: _____
Equipment Required: O'HD K.O.: Air Cushion: Under Motion: Other: _____

Part Finishing Information

Cleaned: Yes No Tumbled:
Packaging type _____ Pieces per container _____ Returnable: Yes No
Notes: _____

