

DIE PROTECTION WORK ORDER

Bachman Machine Company

Date: _____

Originator: _____

| | | |
|--|----------------------|---|
| Tool Number: _____ | Next Run Date: _____ | |
| Customer Name: _____ | | |
| Tool Description/Part(s) made: _____ | | |
| Description of die protection needed or problem experienced with die protection: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Description of work done: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Person who did the work | Date of Completion | Approximate # of hrs. to complete the job |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |