

# TOOL EVALUATION FORM

THIS FORM MUST BE FILLED OUT COMPLETELY AND RETURNED WITH THE CUTTERS. ANY CUTTERS RETURNED WITHOUT THE FORM WILL BE RETURNED WITHOUT EVALUATION. RETURN TO THE ATTENTION OF THE TECHNICAL SERVICE REPRESENTATIVE.

DATE: \_\_\_\_\_ SUBMITTED BY: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DISTRIBUTOR NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

DISTRIBUTOR LOCATION: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PLEASE FILL OUT BELOW AS COMPLETE AS POSSIBLE. IF NOT FILLED OUT TOOL WILL BE RETURNED.

CHECK ALL THAT APPLY: THRU HOLE \_\_\_\_\_ GROOVE \_\_\_\_\_ STACK CUT \_\_\_\_\_ ANGLED ENTRY \_\_\_\_\_ FLAT \_\_\_\_\_

CURVED SURFACE \_\_\_\_\_ INTERRUPTED CUT \_\_\_\_\_

HOUGEN PART NUMBER: \_\_\_\_\_ HOLE DIAMETER: \_\_\_\_\_ TOLERANCE: \_\_\_\_\_

TYPE OF MACHINE: \_\_\_\_\_ RPM: \_\_\_\_\_ MANUAL FEED: \_\_\_\_\_

POWERFEED: \_\_\_\_\_ FEED RATE: \_\_\_\_\_ BUSHING: \_\_\_\_\_ CYCLE TIME: \_\_\_\_\_ NO. OF HOLES: \_\_\_\_\_

PART/ASSEMBLY DESCRIPTION: \_\_\_\_\_

MATERIAL: \_\_\_\_\_ CONDITION: \_\_\_\_\_ HARDNESS: \_\_\_\_\_

THICKNESS OF MATERIAL: \_\_\_\_\_ DEPTH OF GROOVE: \_\_\_\_\_ DRAWING AVAIL.: \_\_\_\_\_

EXPLANATION/COMMENTS: \_\_\_\_\_

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Hougen Manufacturing, Inc.  
3001 Hougen Drive, Swartz Creek, MI, 48473  
Phone (810) 635-7111 Fax (810) 635-8277  
Email: tech@hougen.com  
Online: Hougen.com