

# Tool Rectification report

Format No.:                  Rev. No.:                  Rev. Date.:

Date: \_\_\_\_\_

From:

To:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tool Name: \_\_\_\_\_

Identified Problem / problem Description	
Received by:	Sign.
Actions:	
Trail Results	
Maintenance Manager Sign.	Production - Manager Sign.