

Tooling Information Form				Cooper Tooling reference number. <i>(if applicable)</i>		XXXXXX	
Supplier Name		PPAP Submission Level		Affected Feature Number(s)		Part Description	
Date	PPAP Due Date	Part Number		Tool Location			
Date of Tooling Change		Part Name		Facility			
				Machine			
				Station			
<input type="checkbox"/> New Tooling		<input type="checkbox"/> Modified Tooling		<input checked="" type="checkbox"/> Required for PPAP		Note: This document must be completed for all Cooper owned tooling.	

Complete Supplier Tooling Action Item List to ensure all items are completed.

TOOLING ACTION ITEMS	Who	What	When	Status
Tooling Images				
Diagram or Strip Layout				
Tool Drawings				
Tool Cost Breakdown				
Design Cost				
Material Cost				
Labor Cost				
Tool Description				
Tool Dimensions				
Length				
Width				
Height				
Daylight Opening				
Weight				
Press Size				
Tool Material				
Tool Capacity				
Hourly				
Daily				
Annual				
Life Expectancy				

Comments

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Fig. 1	Top View	Fig. 2	Bottom View

Fig. 3	Left View	Fig. 4	Right View

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Fig. 5	Front View	Fig. 6	Back View

Fig. 7	Tool Tag View	Fig. 8	Example

Tooling Information Form

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New Tooling Modified Tooling Required for PPAP

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Additional Comments
