

Paul W Marino Gages, Inc. Design & Build Line-Up Form

Date: _____ **Quote No.:** _____
Customer: _____ **Contact:** _____
Phone No.: _____ **Fax No.:** _____
Part Name: _____ **Part No.:** _____ **E.C. Level:** _____
Design Format: UG AutoCAD Other

| | | | |
|------------------------|---|--|------------------------------------|
| Information Quoted To: | GD & T <input type="checkbox"/> | Part / Print <input type="checkbox"/> | Verbal <input type="checkbox"/> |
| | CAD Data <input type="checkbox"/> | Other <input type="checkbox"/> | |
| Information Expected | GD & T <input type="checkbox"/> | CAD Data <input type="checkbox"/> | Other <input type="checkbox"/> |
| Customer Standards | Recv'd <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Type of Fixture | CMM Holding <input type="checkbox"/> | Environmental <input type="checkbox"/> | Other <input type="checkbox"/> |
| | Attribute <input type="checkbox"/> | SPC <input type="checkbox"/> | Combo <input type="checkbox"/> |
| Position | Body <input type="checkbox"/> | Work Line <input type="checkbox"/> | Other <input type="checkbox"/> |
| Base Type | Equivalent / Cast <input type="checkbox"/> | Aluminum T. Plate <input type="checkbox"/> | Other <input type="checkbox"/> |
| | Jig Feet <input type="checkbox"/> | Tooling Balls <input type="checkbox"/> | Other <input type="checkbox"/> |
| Construction Material: | Steel <input type="checkbox"/> | Aluminum <input type="checkbox"/> | Die Plank <input type="checkbox"/> |
| Pins | Locator Pins <input type="checkbox"/> | Specify → RFS <input type="checkbox"/> | Or MMC <input type="checkbox"/> |
| | Check Pins <input type="checkbox"/> | Go/No-Go Pins <input type="checkbox"/> | |
| Nets / Datums | Number _____ | Specify size if applicable | |
| | Size Specification _____ | | |
| Clamps | Number _____ | Spring Loaded - Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Delron Feet <input type="checkbox"/> | Steel Feet <input type="checkbox"/> | |
| | Other Type of Feet <input type="checkbox"/> | Specify <input type="checkbox"/> | |
| Rails | Full <input type="checkbox"/> | Partial <input type="checkbox"/> | |
| | Flush / Feeler <input type="checkbox"/> | Scribe <input type="checkbox"/> | |
| Accessories | Feeler Gage(s) <input type="checkbox"/> | Hand Apply (ies) <input type="checkbox"/> | |
| | Template Check(s) <input type="checkbox"/> | R&R <input type="checkbox"/> | |
| | SPC Check(s) <input type="checkbox"/> | Specify size set-up (mm) _____ | Qty _____ |
| | Include set block and Mitutoyo indicator | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Special Instructions:



PAUL W. MARINO GAGES, INC.

1-800-528-9785

Design & Construction Log Sheet
Supplement to the Work Change Directive

Design Log Sheet

Construction Log Sheet

| | |
|---------------------------|-------------------|
| 1. Construction Supplier: | 7. W.C.D. No.: |
| 2. Design Supplier: | 8. C.A. No.: |
| 3. Job Number: | 9. Date: |
| 4. Tool Number: | 10. P.O. No.: |
| 5. Tool Name: | 11. Sheet No.: |
| 6. Part Number: | 12. Revision No.: |

| | |
|------------------|-----------------------|
| 13. % Completed: | Type of Change |
|------------------|-----------------------|

| Date | Item No. | Est. Use | Description | Type of Change | | | | | |
|------|----------|----------|-------------|----------------------|----------------|-------------------|--------------------|---------|------|
| | | | | Product Change CA | Plant Req'd | Engineer Req'd | Process/ Design | Premium | Time |
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|---------------------------------|--|
| Tool or Die Engineer: | Tool or Die Estimator: |
| Telephone Nr.: | Telephone No.: |
| Signature: _____ Date: _____ | Supplier Signature: _____ Date: _____ |

NOTES:
