

<b>Offload/Resource Data Sheet</b>	<b>Document #: F-T-003</b>
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<b>Reviewed &amp; Approved: P. Boyer</b>	<b>Original Date: 2/5/2002</b>
<b>Page 1 of 2</b>	<b>Revision/Revision Date: 1/9/27/2003</b>

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

**General Information**

Customer		Program Manager	
Part # / Rev. Level		Program	
Annual Volume		Part Name	
Outside Processing		Program Life	
Customer PO		Outside Sources	
Customer Contacts		Ship to Address	
Tooling Engineer		Quality Engineer	

**Tooling Information: (Please Circle if a "Yes/No" choice)**

Die Type		Number of Stations	
Length		Width	
Punch & Total Weight		Tonnage Required	
Pass line Height		Spare Part Exist?	Yes/No If yes, send w/ tooling
Die Print Exist?	Yes/No If yes, send w/ tooling	Math Data Available?	Yes/No If yes, send w/ tooling
Maintenance History Available	Yes/No If yes, send w/ tooling	Built by	
Progression		Shut Height	
Changeovers Required?	Yes/No If yes, list	Die Number	
Press Set-up Sheets	Required- Send w/ tooling	Pieces/Hit	
Last Strip	Required- Send w/ tooling	Die Protection Provided	
Key Contacts			

**Material: (Please Circle if a "Yes/No" choice)**

Material Specs		Thickness	
Width		Current Supplier	
Amount in Inventory	Raw	Amount on Order	
	Finished	Part Net Weight	Yes/No If yes send w/ tooling
Part Gross Weight		Thinning Analysis Performed?	
Key Contacts			

**Packaging:**

Returnable or Expendable		Dimensions	
Amount Available		Pieces / Container	
Packaging Plan	Required - Send	Key Contacts	

**Quality:**

100% Layout	Required - Send	Part Print	Required - Send
Master Sample	Required - Send	Boundary Samples	Required - Send
Process FMEA	Required - Send	Process Flow Diagram	Required - Send
Material Certifications	Required - Send	Operator Instructions	Required - Send
Control Plan	Required - Send	Capability Studies	Required - Send
Gage R&R Study	Required - Send, if gagging exist	Math Data	Required - Send , if data exist
Gage Calibration Status		Open QR's	Required - Send
Key Contacts		Thinning Limit	
Burr Limit		12 Month Closed QR's	
Surface Requirements		Welding Requirements	

Signatures:

\_\_\_\_\_

Customer Representative

Title

Date

\_\_\_\_\_

Program Manager

Date

**Fax to Fanello Industries at 706.356.5364**