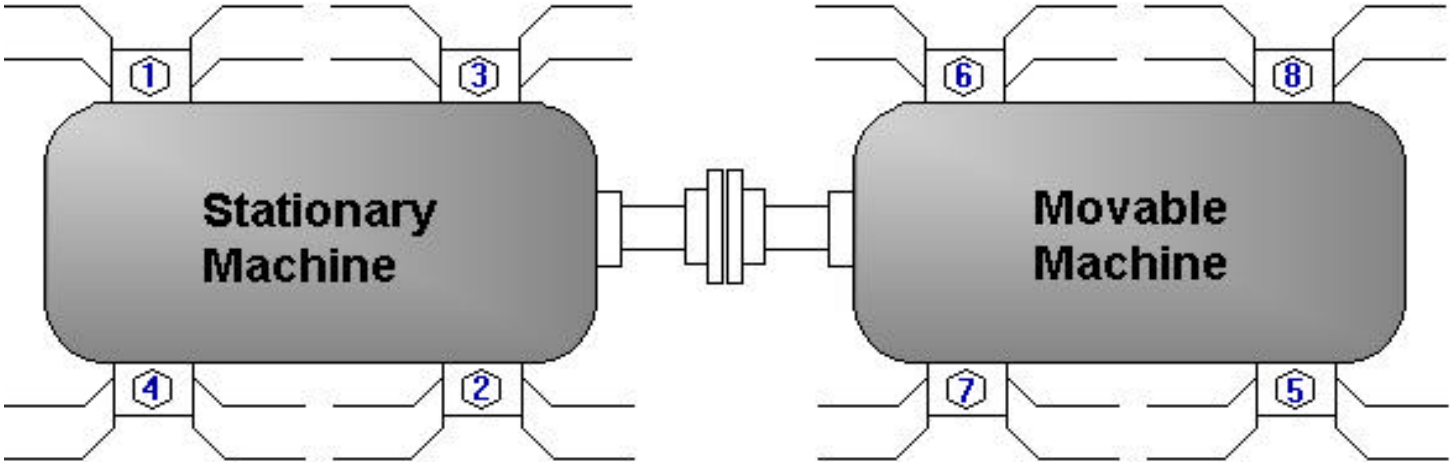
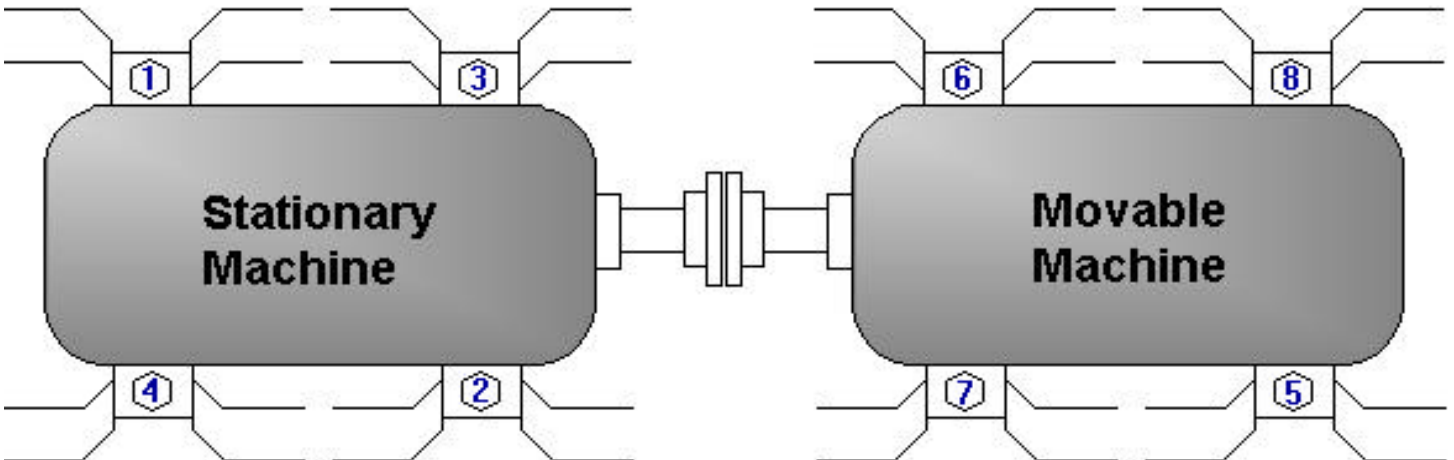


Soft Foot and Shim Recording Form

Equipment ID:		Location:	
Stationary Machine:		Movable Machine:	
Performed By:		Date:	

Initial Soft Foot Check:

Initial Shim Pack Thickness:

Machine:	Foot #	Amount	Foot #	Amount	Foot #	Amount	Foot #	Amount
Stationary:	1		2		3		4	
Movable:	5		6		7		8	

Final Soft Foot Check:

Final Shim Pack Thickness:

Machine:	Foot #	Amount	Foot #	Amount	Foot #	Amount	Foot #	Amount
Stationary:	1		2		3		4	
Movable:	5		6		7		8	