



Laboratory:

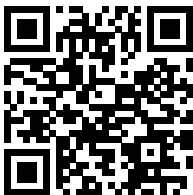
Ship To:

Carton Contents:



- x Sample Bottles
 - x Sample Mailers
 - x Sample Information Forms (SIFs)
- SIF# to _____

▼ scan to track samples from this carton and/or to manage these sample kits



▼ keep for your records * THESE LABELS PEEL OFF * ▼ place on return shipping box

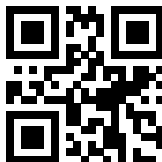


← scan to track carton/samples

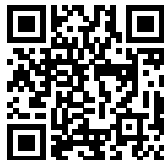
Customer: _____

Shipped: _____

ID#



ID#



WC

SCAN TO COMPLETE *ON-LINE* ►

WC sample kits will be replaced with unused kits if defective in manufacture, labeling, or packaging, or if lost by us or any associate company even though by negligence or other fault. WC shall not be liable or responsible for the future performance or failure of any engine, piece of equipment or material involved in any test or sample. The Company makes no warranties, representations, or guaranties with respect to the performance of any such engine, piece of equipment, or material.

CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off

Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential

Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-001

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

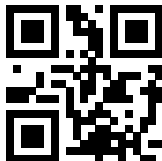
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





WC

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off

Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential

Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-002

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ **KEEP** FOR TRACKING THIS SAMPLE

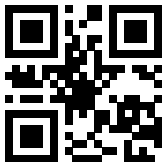
▼ STICK ON **BOTTLE**



◀ scan to track sample

ID or S/N:

Sample Date:





SCAN TO COMPLETE **ON-LINE** ►

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CUSTOM 1

WC

CUSTOMER: _____

ADDRESS: _____

UNIT MODEL (GEN): _____

UNIT SERIAL (GEN): _____

COMP MODEL (ENG): _____

COMP SERIAL (ENG): _____

WORK ORDER #: _____

OIL BRAND & TYPE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: HOURS / KILOMETERS / MILES / OTHER _____

TOTAL TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

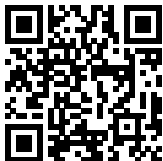
Comments:

1000-003

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

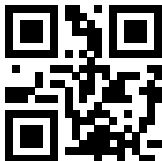
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



← scan to track sample ID or S/N:

Sample Date:





WC

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-004

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

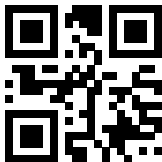
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





WC

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CN Rail W.E.A.C.: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL *OR* COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-005

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ *KEEP* FOR TRACKING THIS SAMPLE

▼ STICK ON *BOTTLE*



◀ scan to track sample
ID or S/N:

Sample Date:





WC

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Differential

Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-006

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

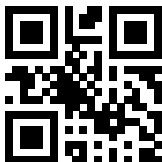
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-007

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

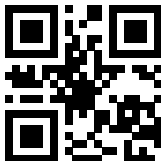
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





SCAN TO COMPLETE **ON-LINE** ▶

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WC

▼ **AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION**

WEARCHECK NAME CODE: _____

OR

CUSTOMER: _____

ADDRESS: _____

CITY: _____ PHONE: _____

PROV: _____ FAX: _____

POSTAL CODE: _____ ATTN: _____

If you have any questions call 1-800-268-2131

MODEL: _____ SERIAL: _____ HOURS: _____

COMPONENT: _____ OIL CAPACITY: _____

OIL BRAND: _____ OIL GRADE: _____

SAMPLE DATE: MM/DD/YY

CIRCLE ONE ONLY

Oil Changed
Sampled

OCS

Sample
Only

SO

Comments:

1000-008

▲ **PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)**

▼ **KEEP FOR TRACKING THIS SAMPLE**

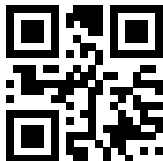
▼ **STICK ON BOTTLE**

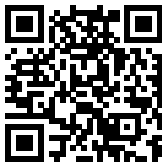


← scan to track sample

ID or S/N:

Sample Date:





WC

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-009

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

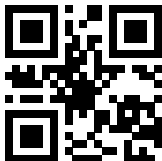
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-010

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

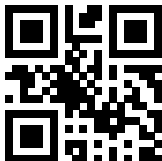
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





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: **ABC CUSTOMER**

MINE: **CUSTOM 1**

COORDINATOR:

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Gearbox / Hydraulic
System Differential / Final Drive / Planetary / Steering / Other _____

LOCATION (Circle One): Left / Right / Front / Rear / Center

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

HOUR METER READING: _____ Hours

SAMPLE TAKEN BY: _____

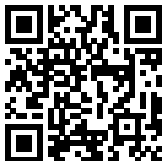
Comments:

1000-011

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

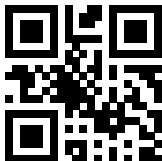
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





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CUSTOMER CODE: **ABC CUSTOMER**

AREA: **CUSTOM 1**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

Sample From:

| | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Diesel Engine | <input type="checkbox"/> Transmission (Manual) | <input type="checkbox"/> Swing Drive |
| <input type="checkbox"/> Natural Gas Engine | <input type="checkbox"/> Hydraulic System | <input type="checkbox"/> Differential |
| <input type="checkbox"/> Gasoline Engine | <input type="checkbox"/> Hydrostatic | <input type="checkbox"/> Planetary |
| <input type="checkbox"/> Propane Engine | <input type="checkbox"/> Power Take Off | <input type="checkbox"/> Final Drive |
| <input type="checkbox"/> Biogas Engine | <input type="checkbox"/> Steering | <input type="checkbox"/> Brake |
| | | <input type="checkbox"/> Other _____ |

Location: Front Rear Left Right Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-012

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

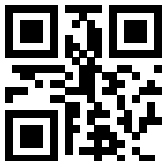
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





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CUSTOMER CODE: **ABC CUSTOMER**

AREA: **CUSTOM 1**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT No.: _____ Serial No.: _____

MAKE: _____ MODEL: _____

Sample From: Transmission (Auto) Swing Drive

Diesel Engine Transmission (Manual) Differential

Natural Gas Engine Hydraulic System Planetary

Gasoline Engine Hydrostatic Final Drive

Propane Engine Power Take Off Brake

Biogas Engine Steering Other _____

Location: Front Rear Left Right Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-013

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample

ID or S/N:

Sample Date:





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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT No.: _____

ENGINE MAKE: _____ MODEL: _____

WORK ORDER #: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-014

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

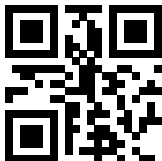
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

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CUSTOMER CODE: **ABC CUSTOMER**

BRANCH: **CUSTOM 1**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL *OR* COMPLETE THIS INFORMATION

UNIT ID: _____

ENGINE MAKE: _____ MODEL: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON ENGINE: _____

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-015

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

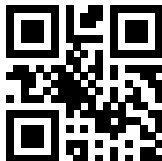
▼ *KEEP* FOR TRACKING THIS SAMPLE

▼ STICK ON *BOTTLE*



◀ scan to track sample ID or S/N:

Sample Date:





WC

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ABC CUSTOMER

PHONE No: (905)555-1212

SAMPLE POINT SERIAL No: _____

SAMPLE DATE: MM / DD / YY

OIL TYPE: _____

TIME ON OIL: _____ mths / yrs CHANGED: YES / NO

TIME ON FILTER: _____ mths / yrs SERVICED: YES / NO

TOP UP AMOUNT: _____ litres / gallons

Comments:

1000-016

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

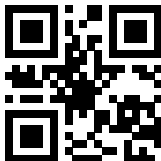
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



← scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

WC sample kits will be replaced with unused kits if defective in manufacture, labeling, or packaging, or if lost by us or any associate company even though by negligence or other fault. WC shall not be liable or responsible for the future performance or failure of any engine, piece of equipment or material involved in any test or sample. The Company makes no warranties, representations, or guaranties with respect to the performance of any such engine, piece of equipment, or material.

CUSTOMER CODE: **ABC CUSTOMER**

BRANCH: **CUSTOM 1**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT ID: _____

ENGINE MAKE: _____ MODEL: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON ENGINE: _____

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-017

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

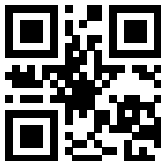
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: ABC CUSTOMER

PHONE No: (905)555-1212

UNIT NUMBER: _____ HOUR METER: _____

SAMPLE DATE: MM/DD/YY TECHNICIAN: _____

SAMPLE:

- Engine Transmission Hydraulic
- Engine Rear Transmission Rear Hydrostatic
- Engine Top Other _____

OIL BRAND: _____ OIL GRADE: _____

OIL CHANGED: YES NO FILTER CHANGED: YES NO

Comments:

1000-018

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

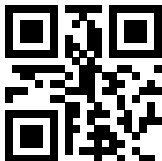
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



← scan to track sample ID or S/N:

Sample Date:





SCAN TO COMPLETE **ON-LINE** ►

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WC

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

ENGINE SERIAL No.: _____

ENGINE MAKE: _____ MODEL: _____

WORK ORDER #: _____ UNIT No.: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-019

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

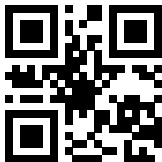
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WEAR CHECK



WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Differential

Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-020

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-021

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

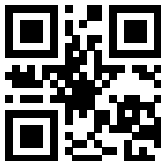
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Differential

Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-022

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

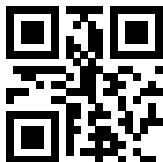
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

JOB No.: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off

Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential

Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-023

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

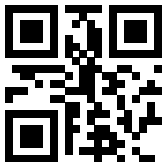
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

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CUSTOMER CODE: **ABC CUSTOMER**

GARAGE: **CUSTOM 1**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT ID: _____

ENGINE MAKE: _____ MODEL: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON ENGINE: _____

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-024

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

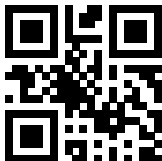
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT S/N: _____

MAKE: _____ MODEL: _____

W/O#: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Center

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-025

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

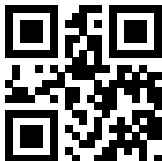
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-026

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





WEAR CHECK



WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Differential

Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-027

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

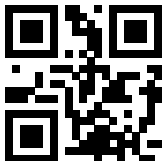
▼ **KEEP** FOR TRACKING THIS SAMPLE

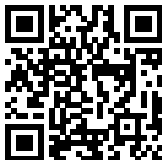
▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT No.: _____

ENGINE MAKE: _____ MODEL: _____

WORK ORDER #: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: KILOMETERS

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-028

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WEAR CHECK



WC

SCAN TO COMPLETE **ON-LINE** ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Hydraulic System
 Differential / Final Drive / Planetary

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-029

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

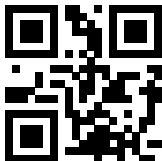
▼ **KEEP** FOR TRACKING THIS SAMPLE

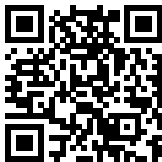
▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

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CUSTOMER CODE: **ABC CUSTOMER**

AREA: **CUSTOM 1**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off

Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential

Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-030

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ **KEEP** FOR TRACKING THIS SAMPLE

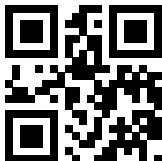
▼ STICK ON **BOTTLE**



← scan to track sample

ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Differential

Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-031

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

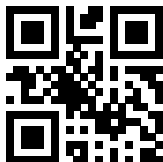
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

ENGINE SERIAL No.: _____

ENGINE MAKE: _____ MODEL: _____

WORK ORDER #: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-032

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

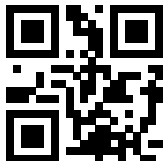
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

GARAGE: **CUSTOM 1**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

IDENT. DE L'UNITE: _____

COMPONENT (Circle One): MOTEUR / Transmission / Hydraulic System

Gearbox / Differential / DIRECTION / FRIENS / Other _____

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-033

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ **KEEP** FOR TRACKING THIS SAMPLE

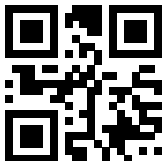
▼ STICK ON **BOTTLE**



◀ scan to track sample

ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT No.: _____

ENGINE MAKE: _____ MODEL: _____

WORK ORDER #: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-034

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

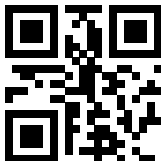
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

WC sample kits will be replaced with unused kits if defective in manufacture, labeling, or packaging, or if lost by us or any associate company even though by negligence or other fault. WC shall not be liable or responsible for the future performance or failure of any engine, piece of equipment or material involved in any test or sample. The Company makes no warranties, representations, or guaranties with respect to the performance of any such engine, piece of equipment, or material.

CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Hydraulic System

Gearbox / Swing Drive / Differential / Final Drive / Planetary

Other _____

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

KLEENOIL SYSTEM INSTALLED: YES / NO

Comments:

1000-035

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

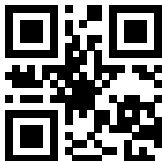
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ▶

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT NUMBER: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

TIME ON BY-PASS FILTER: _____

SERVICED: YES / NO

Comments:

1000-036

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-037

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

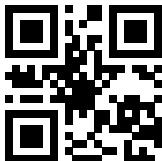
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT ID: _____

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: / /

TIME UNITS: Hours / Months / Days / Years / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-038

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

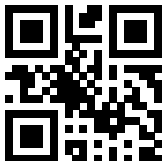
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

_____ Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Differential

Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-039

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

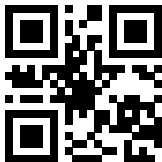
▼ **KEEP** FOR TRACKING THIS SAMPLE

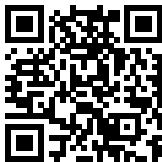
▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

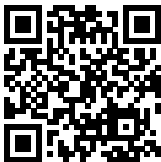
Comments:

1000-040

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

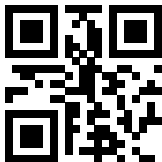
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ▶

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT NUMBER: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Hydraulic System
Gearbox / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

USING POWR-UP: YES / NO KLEENOIL INSTALLED: YES / NO

Comments:

1000-041

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

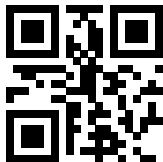
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-042

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

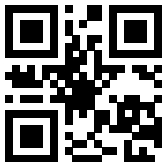
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL *OR* COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-043

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

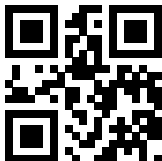
▼ *KEEP* FOR TRACKING THIS SAMPLE

▼ STICK ON *BOTTLE*



◀ scan to track sample
ID or S/N:

Sample Date:





WEAR CHECK



WC

SCAN TO COMPLETE **ON-LINE** ▶

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT NUMBER: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

FILTAKLEEN SYSTEM INSTALLED: YES / NO

Comments:

1000-044

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT NUMBER: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

FILTRATION SYSTEM INSTALLED: YES / NO

Comments:

1000-045

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





WEAR CHECK



WC

SCAN TO COMPLETE **ON-LINE** ▶

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT NUMBER: _____

ENGINE MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
 Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
 Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-046

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT NUMBER: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

FILTRATION SYSTEM INSTALLED: YES / NO

Comments:

1000-047

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

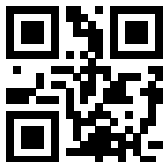
▼ **KEEP** FOR TRACKING THIS SAMPLE

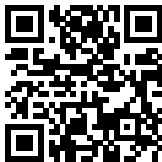
▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-048

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

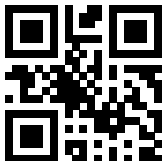
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL *OR* COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-049

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ *KEEP* FOR TRACKING THIS SAMPLE

▼ STICK ON *BOTTLE*



◀ scan to track sample
ID or S/N:

Sample Date:





SCAN TO COMPLETE **ON-LINE** ▶

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WC

▼ **AFFIX MACHINE LABEL *OR* COMPLETE THIS INFORMATION**

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT NUMBER: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Other _____

LOCATION (Circle One): Left / Right / Front / Rear / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

TIME ON FILTER: _____

CHANGED: YES / NO

SERVICED: YES / NO

Comments:

1000-050

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

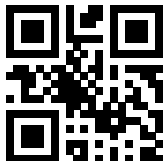
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





WC

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

ENGINE SERIAL No.: _____

ENGINE MAKE: _____ MODEL: _____

WORK ORDER #: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-051

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

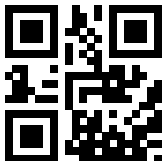
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

WC sample kits will be replaced with unused kits if defective in manufacture, labeling, or packaging, or if lost by us or any associate company even though by negligence or other fault. WC shall not be liable or responsible for the future performance or failure of any engine, piece of equipment or material involved in any test or sample. The Company makes no warranties, representations, or guaranties with respect to the performance of any such engine, piece of equipment, or material.

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

NUMERO DE SERIE: _____

MAKE: _____ MODEL: _____

BON DE TRAVAIL: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-051F

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

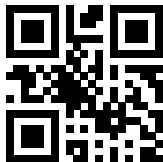
▼ **KEEP** FOR TRACKING THIS SAMPLE

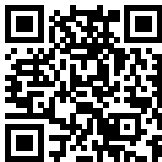
▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

NUMERO DE SERIE: _____

MAKE: _____ MODEL: _____

BON DE TRAVAIL: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-052

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

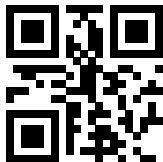
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

N° L'UNITE: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): MOTEUR / Transmission / Power Take Off
 Hydrostatic / Hydraulic System / Transmission / Differential
 Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-053

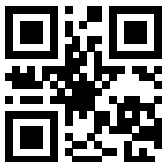
▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ **KEEP** FOR TRACKING THIS SAMPLE ▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

ENGINE SERIAL No.: _____

ENGINE MAKE: _____ MODEL: _____

WORK ORDER #: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-054

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

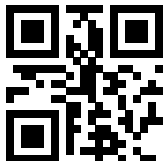
▼ **KEEP** FOR TRACKING THIS SAMPLE

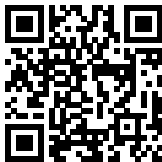
▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

NUMERO DE SERIE: _____

MAKE: _____ MODEL: _____

BON DE TRAVAIL: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-055

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

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FUEL / COOLANT/ DEF - TEST KIT

Customer Code: **ABC CUSTOMER**

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

Sample / Unit ID: _____

Work Order No.: _____

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Coolant | <input type="checkbox"/> Fuel | <input type="checkbox"/> DEF |
| <input type="checkbox"/> Long-Life (OAT) | <input type="checkbox"/> Diesel No.1 | <input type="checkbox"/> AdBlue |
| <input type="checkbox"/> Hybrid (HOAT) | <input type="checkbox"/> Diesel No.2 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Conventional | <input type="checkbox"/> Jet A | |
| <input type="checkbox"/> Inhibitor | <input type="checkbox"/> Jet B | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Gasoline/AvGas | |

Fluid Brand: _____

Sample Date: MM / DD / YY

Sample Taken From: Unit Bulk Tank Delivery Truck

Reason for Sample: _____

Comments:

1000-057

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

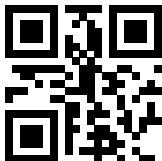
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



← scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
 Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
 Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Left / Right / Front / Rear / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-058

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

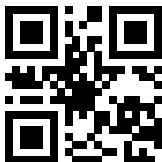
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ▶

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

DISTRIBUTOR: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____ Serial No.: _____

MAKE: _____ MODEL: _____

Sample From: Final Drive Transmission

Diesel Engine Differential New (Unused) Oil

Natural Gas Engine Gearbox Pump Drive

Engine (fuel _____) Swing Drive Axle

Hydraulic System Tandem Other _____

Location: Front Rear Left Right Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments: _____

1000-059

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

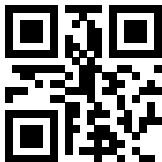
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

Comments:

1000-060

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





WC

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CUSTOMER CODE: **ABC CUSTOMER**

DISTRIBUTOR: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT ID: _____ Serial No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Left / Right / Front / Rear / Other _____

FUEL TYPE (Circle One): Diesel / Gas / Nat Gas / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-061

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

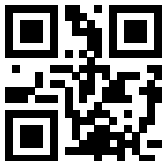
▼ **KEEP** FOR TRACKING THIS SAMPLE

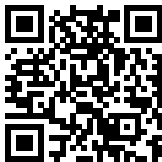
▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:





WC

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CUSTOMER CODE: ABC CUSTOMER

▼ AFFIX MACHINE LABEL *OR* COMPLETE THIS INFORMATION

UIC: _____ **CFR:** _____

SOAP Coord: _____ Tel: _____

Unit Name: _____ S/N: _____

Component Make: _____ Model: _____

Component Type: Engine Hydraulic Final Drive

Transmission Other _____

Component Location: Left Right Other _____

Oil Brand & Grade: _____

Sample Date: MM/DD/YY Capacity: _____ Ltr / Gal

Time on Component (since O/H): _____ hrs / kms / mls

Time on Oil: _____ Changed? Yes No

Time on Filter: _____ Serviced? Yes No

Oil Consumption: Normal Abnormal

Comments:

1000-062

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

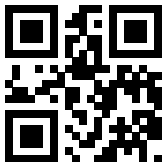
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

_____ Sample Date: _____





WC

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FUEL TEST KIT

Customer Code: **ABC CUSTOMER**

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

Sample / Unit ID: _____

Work Order No.: _____

Sample From:

| | |
|---|--------------------------------------|
| <input type="checkbox"/> Diesel Fuel (No.1) | <input type="checkbox"/> Jet A Fuel |
| <input type="checkbox"/> Diesel Fuel (No.2) | <input type="checkbox"/> Jet B Fuel |
| <input type="checkbox"/> AvGas | <input type="checkbox"/> Other _____ |

Sample Date: MM / DD / YY

Sample Taken From: Unit Bulk Tank Delivery Truck

Reason for Sample: _____

Comments:

1000-063

▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

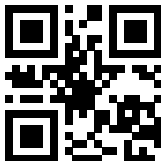
▼ **KEEP** FOR TRACKING THIS SAMPLE

▼ STICK ON **BOTTLE**



← scan to track sample ID or S/N:

Sample Date:





WC

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FUEL TEST KIT

▼ AFFIX MACHINE LABEL *OR* COMPLETE THIS INFORMATION

Customer: _____

Address: _____

City, State/Prov: _____ ZIP/Postal: _____

Email results to: _____

Sample / Unit ID: _____

Work Order No.: _____

| | | |
|--------------|---|--------------------------------------|
| Sample From: | <input type="checkbox"/> Diesel Fuel (No.1) | <input type="checkbox"/> Jet A Fuel |
| | <input type="checkbox"/> Diesel Fuel (No.2) | <input type="checkbox"/> Jet B Fuel |
| | <input type="checkbox"/> AvGas | <input type="checkbox"/> Other _____ |

Sample Date: MM / DD / YY

Sample Taken From: Unit Bulk Tank Delivery Truck

Reason for Sample: _____

Comments:

1000-064

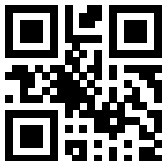
▲ PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

▼ **KEEP** FOR TRACKING THIS SAMPLE ▼ STICK ON **BOTTLE**



← scan to track sample ID or S/N:

Sample Date:





WEAR CHECK

@ hrs



WC

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WARRANTY OIL SAMPLE - MATCH TO MACHINE/COMPONENT/HRS

hrs



EID:

◀ SCAN AS COMPONENT TAG IN **PHONE APP**

Actual Hrs : _____ hrs

Sample Date : ____/____/20____

Oil Brand/Grade: _____

Oil Changed? Yes No

Filter Changed? Yes No No Filter

Comments:

1000-099

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

▼ STICK ON **SAMPLE BOTTLE**

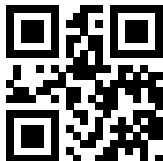
▼ **KEEP** TO TRACK



◀ scan to track sample

ID or S/N:

Sample Date:





WC

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CUSTOMER CODE: **ABC CUSTOMER**

WORK ORDER NO.: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT ID: _____ S/N: _____

MAKE / MODEL: _____

- Sample From:
- | | | |
|---|--|---|
| <input type="checkbox"/> Circulating Oil | <input type="checkbox"/> Gearbox | <input type="checkbox"/> Plain Bearing |
| <input type="checkbox"/> Hydraulic System | <input type="checkbox"/> Reduction Gear | <input type="checkbox"/> Roller Bearing |
| <input type="checkbox"/> Pump | <input type="checkbox"/> Gear Extruder | <input type="checkbox"/> Thrust Bearing |
| <input type="checkbox"/> Blower | <input type="checkbox"/> Rotary Compressor | <input type="checkbox"/> Genset/Generator |
| <input type="checkbox"/> Turbine | <input type="checkbox"/> Recip. Compressor | <input type="checkbox"/> New Unused Oil |
| | <input type="checkbox"/> Screw Compressor | <input type="checkbox"/> Other _____ |

FILTER: Element / Depth / Offline / None µm RATING: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY CAPACITY: _____ L / Gal

TOTAL TIME ON UNIT: _____ hrs / days / mths / yrs

TIME ON OIL: _____ CHANGED: YES / NO / FILTERED

TIME ON FILTER: _____ SERVICED: YES / NO / CLEANED

Comments:

1000-200

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

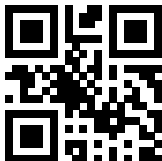
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



← scan to track sample ID or S/N:

Sample Date:





WEAR CHECK



WC

SCAN TO COMPLETE **ON-LINE** ►

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CODE DE CLIENT: **ABC CUSTOMER**

N° D'ORDER D'EXÉCUTION: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

N° DE L'UNITÉ: _____ N° SÉRIE: _____

MARQUE / MODÈLE: _____

- Échantillon Prélevé d'un:*
- | | | |
|---|--|---|
| <input type="checkbox"/> Huile en Circulation | <input type="checkbox"/> Engrenage Réducteur | <input type="checkbox"/> Palier |
| <input type="checkbox"/> Système Hydraulique | <input type="checkbox"/> Extrudeuse à Engrenages | <input type="checkbox"/> Palier de Butée |
| <input type="checkbox"/> Pompe | <input type="checkbox"/> Compresseur Rotatif | <input type="checkbox"/> Groupe Électrogène |
| <input type="checkbox"/> Soufflante | <input type="checkbox"/> Compresseur Alternatif | <input type="checkbox"/> Huile (inutilisée) Neuve |
| <input type="checkbox"/> Turbine | <input type="checkbox"/> Compresseur à Vis | <input type="checkbox"/> Autre _____ |

FILTRE: Élément / Profondeur / Hors Ligne / Aucun µm RENDEMENT: _____

MARQUE/TYPE/VISCOSITÉ D'HUILE: _____

DATE DE L'ÉCHANTILLONNAGE: MM / JJ / AA CONTENANCE: _____ L / Gal

ÂGE DE L'UNITÉ: _____ hrs / jours / mths / ans

ÂGE DE L'HUILE: _____ VINDAGÉE: OUI / NON / FILTRÉ

ÂGE DE FILTRE: _____ DESSERVIS: OUI / NON / NETTOYÉ

Comments:

1000-200F

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN** MAILER

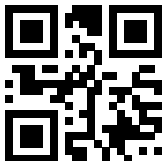
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



← scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

WC sample kits will be replaced with unused kits if defective in manufacture, labeling, or packaging, or if lost by us or any associate company even though by negligence or other fault. WC shall not be liable or responsible for the future performance or failure of any engine, piece of equipment or material involved in any test or sample. The Company makes no warranties, representations, or guaranties with respect to the performance of any such engine, piece of equipment, or material.

Código de cliente: **ABC CUSTOMER**

Número de orden de trabajo: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

ID de la unidad: _____ S/N: _____

Equipo Marca y Modelo: _____

- Muestra de:
- | | | |
|---|---|---|
| <input type="checkbox"/> Aceite Circulante | <input type="checkbox"/> Caja de cambios | <input type="checkbox"/> Cojinete plano |
| <input type="checkbox"/> Sistema hidráulico | <input type="checkbox"/> Caja reductora | <input type="checkbox"/> Rodamiento |
| <input type="checkbox"/> Bomba | <input type="checkbox"/> Extrusora | <input type="checkbox"/> Cojinete de empuje |
| <input type="checkbox"/> Soplador | <input type="checkbox"/> Compresor Axial | <input type="checkbox"/> Generador |
| <input type="checkbox"/> Turbina | <input type="checkbox"/> Compresor recip. | <input type="checkbox"/> Aceite nuevo sin uso |
| | <input type="checkbox"/> Compresor a tornillo | <input type="checkbox"/> Otro _____ |

Filtro: Elemento/Profundidad/Fuera de Línea/Ninguno µm: _____

Nombre del aceite / fluido: _____

Fecha de la muestra: MM / DD / AA Capacidad: _____ L / Gal

Tiempo total en la unidad: _____ horas / dias / meses / años

Horas/KM de aceite: _____ Cambiado: Si / No / Filtrado

Horas/KM de filtro: _____ Reparado: Si / No / Limpiado

Comments:

1000-200S

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN** MAILER

▼ STICK ON **SAMPLE BOTTLE**

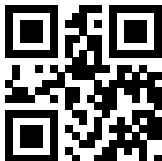
▼ **KEEP** TO TRACK



← scan to track sample

ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

DEPT.: **CUSTOM 1**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NAME: _____

SAMPLE LOCATION: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS:

TIME ON UNIT: _____

Comments:

1000-201

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

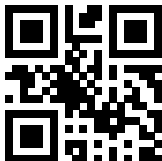
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-202

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

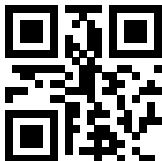
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample
ID or S/N:

Sample Date:





WEAR CHECK



WC

SCAN TO COMPLETE **ON-LINE** ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

MACHINE ID.: _____

MACHINE No.: _____

COMPONENT (Circle One): Hydraulic System / Other _____

OIL BRAND & GRADE: _____

OPERATING PRESSURE _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Months / Days / Years / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-203

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

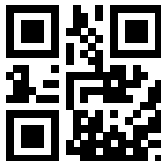
▼ STICK ON **SAMPLE BOTTLE**

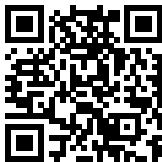
▼ **KEEP** TO TRACK



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL *OR* COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-204

▲ IF INFO COMPLETED *RETURN* THIS FORM *IN* MAILER

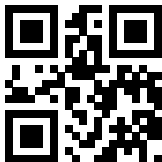
▼ STICK ON *SAMPLE BOTTLE*

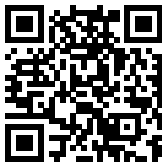
▼ *KEEP* TO TRACK



◀ scan to track sample
ID or S/N:

Sample Date:





WC

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CUSTOMER CODE: **ABC CUSTOMER**

MINE / COMPLEX: **CUSTOM 1**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

EQUIPMENT No.: _____

Work Order #:: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Months / Days / Years / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

SAMPLE TAKEN BY: _____

Comments:

1000-205

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-206

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

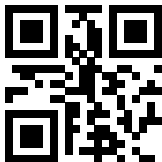
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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EUCLID-HITACHI HEAVY EQUIPMENT INC.

CUSTOMER CODE: ABC CUSTOMER

PHONE No: (905)555-1212

SERIAL No: _____

COMPONENT (CIRCLE ONE) STEERING / TRANSMISSION / HOIST

or

Bulk Tank: GEAR OIL / HYDRAULIC OIL / ENGINE OIL
DIESEL FUEL / COOLANT

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: _____ Hours

Comments:

1000-207

▲ IF INFO COMPLETED **RETURN** THIS FORM *IN MAILER*

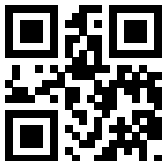
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-208

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

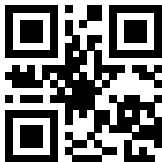
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample
ID or S/N:

Sample Date:





WC

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-209

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample
ID or S/N:

Sample Date:





WEAR CHECK



WC

SCAN TO COMPLETE **ON-LINE** ►

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GENERAL MOTORS OF CANADA LTD.

CUSTOMER CODE: ABC CUSTOMER

PHONE No: (905)555-1212

BAY No: _____ **SAMPLE DATE:** MM/DD/YY

SYSTEM: PRESS [DF
 DA
 TF] [HYD
 LUBE

BLANK WASH
 BLANK LUBE
 OTHER _____

OIL TYPE: TELLUS 46 HENKEL 101-75 FUCHS PL 7105
 OMALA 100 OMALA 150 OMALA 220
 OTHER _____

Comments:

1000-210

▲ IF INFO COMPLETED **RETURN THIS FORM IN MAILER**

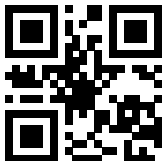
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP TO TRACK**



← scan to track sample ID or S/N:

Sample Date:





WC

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

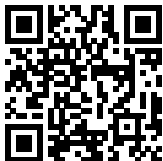
Comments:

1000-211

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

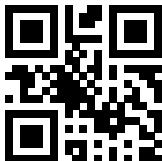
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample
ID or S/N:

Sample Date:





WC

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL *OR* COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-212

▲ IF INFO COMPLETED *RETURN* THIS FORM *IN* MAILER

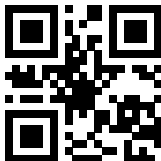
▼ STICK ON *SAMPLE BOTTLE*

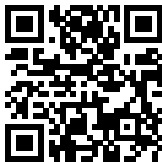
▼ *KEEP* TO TRACK



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL *OR* COMPLETE THIS INFORMATION

UNIT NUMBER: _____

COMPONENT (Circle One): Engine / Transmission / Power Take Off
Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential
Final Drive / Planetary / Tandem / Steering / Brake / Other

LOCATION (Circle One): Front / Rear / Left / Right / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-213

▲ IF INFO COMPLETED *RETURN* THIS FORM *IN* MAILER

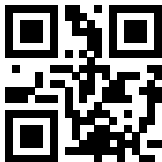
▼ STICK ON *SAMPLE BOTTLE*

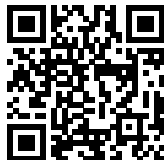
▼ *KEEP* TO TRACK



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT ID: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Months / Days / Years / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-214

▲ IF INFO COMPLETED **RETURN** THIS FORM *IN MAILER*

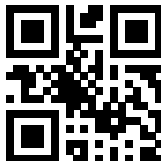
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT ID: _____

OIL BRAND & GRADE: _____

FILTER TYPE: _____ MICRON RATING: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Months / Days / Years / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments:

1000-215

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

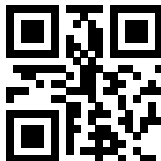
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



← scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ▶

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox

Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-216

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN** MAILER

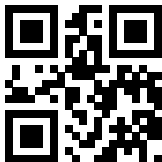
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample ID or S/N:

Sample Date:





WEAR CHECK



WC

SCAN TO COMPLETE **ON-LINE** ►

WC sample kits will be replaced with unused kits if defective in manufacture, labeling, or packaging, or if lost by us or any associate company even though by negligence or other fault. WC shall not be liable or responsible for the future performance or failure of any engine, piece of equipment or material involved in any test or sample. The Company makes no warranties, representations, or guaranties with respect to the performance of any such engine, piece of equipment, or material.

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox

Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-217

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

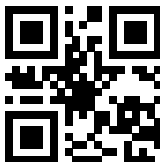
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

EMAIL/ATTN: _____

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

UNIT ID: _____

COMPONENT (Circle One): Hydraulic System / Compressor / Bearing
Gearbox / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Months / Days / Years / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

KLEENOIL SYSTEM INSTALLED: YES / NO

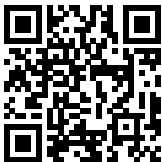
Comments:

1000-218

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

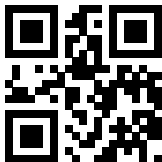
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox

Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-219

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

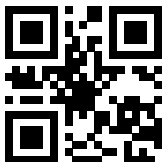
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample ID or S/N:

Sample Date:





WEAR CHECK



WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox
Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-220

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

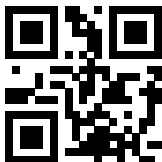
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox
Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-221

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

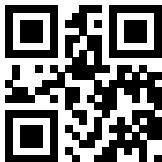
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox

Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-222

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

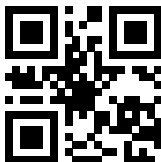
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox

Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-223

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

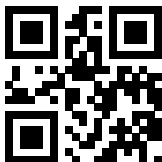
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample ID or S/N:

Sample Date:





WEAR CHECK



WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox
Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-224

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

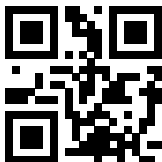
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample ID or S/N:

Sample Date:





WC

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox

Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-225

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

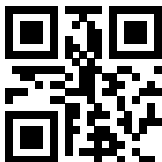
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample ID or S/N:

Sample Date:





WEAR CHECK



WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox
Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-226

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

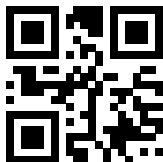
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample
ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox
Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-227

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN** MAILER

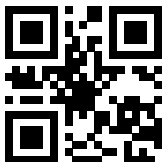
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample ID or S/N:

Sample Date:





WEAR CHECK



WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox

Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-228

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN** MAILER

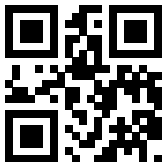
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample ID or S/N:

Sample Date:





WEAR CHECK



WC

SCAN TO COMPLETE **ON-LINE** ►

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox
Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-229

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN** MAILER

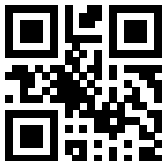
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample ID or S/N:

Sample Date:





WEAR CHECK



WC

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▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____

MAKE: _____ MODEL: _____

COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox
Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

Comments:

1000-230

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN MAILER**

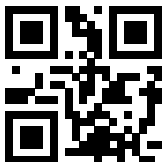
▼ STICK ON **SAMPLE BOTTLE**

▼ **KEEP** TO TRACK



◀ scan to track sample ID or S/N:

_____ Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

▼ AFFIX MACHINE LABEL *OR* COMPLETE THIS INFORMATION

SITE.: _____

TOWER ID: _____ S/N: _____

Sample From:

- WT Gearbox
- Hydraulic
- Yaw Bearing
- Other _____
- Pitch/Blade Bearing A
- Pitch/Blade Bearing B
- Pitch/Blade Bearing C
- Coolant
- Transformer
- New Unused Oil

MAKE / MODEL: _____

FILTER: Element / Depth / Offline / None μm RATING: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY CAPACITY: _____ L / Gal

TOTAL TIME ON UNIT: _____ hrs / days / mths / yrs

TIME ON OIL: _____ CHANGED: YES / NO / FILTERED

TIME ON FILTER: _____ SERVICED: YES / NO / CLEANED

Comments:

1000-231

▲ IF INFO COMPLETED *RETURN* THIS FORM *IN* MAILER

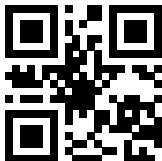
▼ STICK ON *SAMPLE BOTTLE*

▼ *KEEP* TO TRACK



◀ scan to track sample ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE **ON-LINE** ▶

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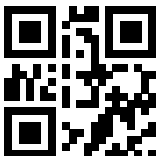
Petro-Canada Cust Id:

WearCheck Cust Id: **ABC CUSTOMER**

MATCH LABEL TO SYSTEM

Site/LSD?: _____

System Name?: _____



◀ scan system/sampling point id if using phone app

Fluid : _____

System Volume : _____ GAL / Ltr

Operating Temp: _____ °C / °F

Heating Method : _____

Gas Blanket : No / Yes (specify gas/pressure)

Gas Type : _____ Pressure: _____

If you need to any other changes to the system and/or contact information please affix this label to the ANALYSIS REQUEST (AR) FORM which is included in this shipment, and use the AR form for information updates.

SAMPLING LOCATION: _____

SAMPLE DATE: MM / DD / YY

TIME FLUID IN OPERATION: _____ hrs/days/mths/yrs

Comments:

1000-232

▲ Place completed form with sample can into resealable plastic bag

▼ STICK ON **SAMPLE BOTTLE**

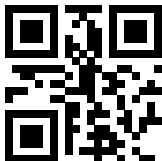
▼ Place on sample can



◀ scan to track sample

ID or S/N:

Sample Date:





WC

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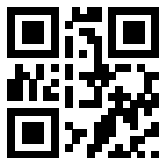
SCHEDULED OIL SAMPLE - MATCH LABEL TO MACHINE

Cust ID:

Machine:

Component:

Scheduled Sample Date: or ____/____/20____



EID:

◀ **SCAN AS COMPONENT TAG IN *PHONE APP***

System Age : _____ hrs / days / mths / yrs

Fluid Age : _____ hrs / days / mths / yrs

Fluid Maint : Changed / Not Changed / Topped-Up

Filter Age : _____ hrs / days / mths / yrs

Filter Maint : Changed / Not Changed / Cleaned

Comments:

1000-233

▲ **IF INFO COMPLETED <i>RETURN</i> THIS FORM WITH SHIPMENT**

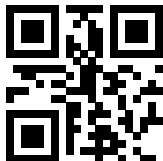
▼ **STICK ON *SAMPLE BOTTLE***

▼ **KEEP TO TRACK**



◀ *scan to track sample*
ID or S/N:

Sample Date:





SCAN TO COMPLETE *ON-LINE* ►

WC sample kits will be replaced with unused kits if defective in manufacture, labeling, or packaging, or if lost by us or any associate company even though by negligence or other fault. WC shall not be liable or responsible for the future performance or failure of any engine, piece of equipment or material involved in any test or sample. The Company makes no warranties, representations, or guaranties with respect to the performance of any such engine, piece of equipment, or material.

CUSTOM 1

WC

Cust Unit ID: _____

Serial No.: _____

Manufacturer: _____ Year: _____

Power / Voltage Rating: _____ kVA / _____ kV

Sample Date: MM/DD/YY

Sample Location: Top Main (Bottom) Conservator

Fluid Type: Mineral API I Mineral API II Silicone

Natural Ester Synthetic Ester Other _____

Fluid: _____

Volume: _____ Gallon Liter Fluid Temp: _____ F / C

Comments:

1000-234

▲ IF INFO COMPLETED *RETURN* THIS FORM *IN* CASE

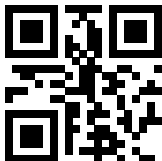
▼ STICK ON BOTTLE

▼ STICK ON SYRINGE



ID or S/N:

Sample Date:





WEAR CHECK



SCAN TO COMPLETE **ON-LINE** ►

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CUSTOM 1

WC

▼ **AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION**

CUSTOMER CODE: _____ **OR**

CUSTOMER: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL CODE: _____ ATTN: _____

UNIT ID: _____ S/N: _____

MAKE / MODEL: _____

Sample From:

| | |
|--|--|
| <input type="checkbox"/> Refrigeration Comp. | <input type="checkbox"/> Rotary Compressor |
| <input type="checkbox"/> Screw Compressor | <input type="checkbox"/> Reciprocating Comp. |
| <input type="checkbox"/> Circulating System | <input type="checkbox"/> Gearbox |
| | <input type="checkbox"/> Hydraulic System |
| | <input type="checkbox"/> Other _____ |

FILTER RATING: _____ μm ISO TARGET CODE: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY CAPACITY: _____ L / Gal

TOTAL TIME ON UNIT: _____ hrs / days / mths / yrs

TIME ON OIL: _____ CHANGED: YES / NO / FILTERED

TIME ON FILTER: _____ SERVICED: YES / NO / CLEANED

Comments:

1000-250

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN** CASE

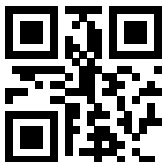
▼ STICK ON BOTTLE

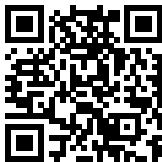
▼ STICK ON SYRINGE



ID or S/N:

Sample Date:





SCAN TO COMPLETE **ON-LINE** ►

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CUSTOM 1

WC

▼ **AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION**

CUSTOMER CODE: _____ **OR**

CUSTOMER: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL CODE: _____ ATTN: _____

UNIT ID: _____ S/N: _____

MAKE / MODEL: _____

Sample From:

| | | |
|---|---|---|
| <input type="checkbox"/> Compressor | <input type="checkbox"/> Hydraulic System | <input type="checkbox"/> Gearbox |
| <input type="checkbox"/> Bearing | <input type="checkbox"/> Turbine | <input type="checkbox"/> Wind Turbine Gearbox |
| <input type="checkbox"/> Reduction Gear | <input type="checkbox"/> Circulating Oil | <input type="checkbox"/> Pump |
| | <input type="checkbox"/> New Unused Oil | <input type="checkbox"/> Other _____ |

FILTER RATING: _____ μm ISO TARGET CODE: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY CAPACITY: _____ L / Gal

TOTAL TIME ON UNIT: _____ hrs / days / mths / yrs

TIME ON OIL: _____ CHANGED: YES / NO / FILTERED

TIME ON FILTER: _____ SERVICED: YES / NO / CLEANED

Comments: _____

1000-251

▲ IF INFO COMPLETED **<i>RETURN</i>** THIS FORM **<i>IN</i>** CASE

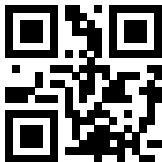
▼ STICK ON BOTTLE

▼ STICK ON SYRINGE



ID or S/N:

Sample Date:





SCAN TO COMPLETE **ON-LINE** ►

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CUSTOM 1

WC

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

Customer: _____

Address: _____

City, State/Prov: _____ ZIP/Postal: _____

Attn: _____ Email: _____

Distributor: _____

Compressor Model: _____

Part No.: _____ S/N: _____

EMR (Equipment Master Record) No.: _____

Oil Brand/Type: _____

Sample Date: mm / dd / yyyy 5 Yr Warranty Program? Yes No

Oil Changed? Yes No Filter Changed? Yes No

Total Service Hrs: _____ Total Load Hrs: _____

Total Oil Hrs: _____ Total Filter Hrs: _____

Call (540)895-5500 for after sales service enquiries

Comments:

1000-252

▲ IF INFO COMPLETED **<i>RETURN</i>** THIS FORM **<i>IN</i>** CASE

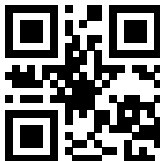
▼ STICK ON BOTTLE

▼ STICK ON SYRINGE



ID or S/N:

Sample Date:





SCAN TO COMPLETE **ON-LINE** ►

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CUSTOM 1

WC

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

cliente / cliente

Customer: _____

dirección / adresse

Address: _____

enviar informe a / Informer par courrier électronique à

Email report to: _____

distribuidor / distributeur

Distributor: _____

serial no. / numéro de série

SERIAL NO. _____

marca / marque

Make: Sullair

otro / autre

Other: _____

modelo / modèle

Model: _____

muestra de/échantillon de

Sample From: _____

aceite compresor/huile compresseur

Compressor Oil

otro/autre

Other _____

fluido/fluide

Fluid: Sullube

AWF

Pristine FG

otro/autre

Other _____

fecha de muestra / date échantillon

Sample Date: mm / dd / yyyy

horas compresor / heures du compresseur

Compressor Hrs: _____

horas fluido / heures fluides

Lube/Fluid Hrs: _____

¿cambió aceite? / vintage?

Oil Changed?

sí/oui

Yes

no/non

No

¿cambió filtro? / filtre changé?

Filter(s) Serviced?

sí/oui

Yes

no/non

No

llame para consultas de servicio posventa / appelez pour toute demande de service après-vente

Call (800)SULLAIR for after sales service enquiries

Comments:

1000-253

▲ IF INFO COMPLETED **<i>RETURN</i>** THIS FORM **<i>IN</i>** CASE

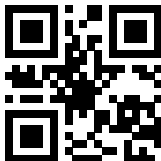
▼ STICK ON BOTTLE

▼ STICK ON SYRINGE



Serial No.

Sample Date:





SCAN TO COMPLETE *ON-LINE* ►

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CUSTOM 1

WC

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

Customer: _____

Job Name: _____

Activity/PO#: _____

Email results to: _____

S/N _____

Model# _____

CH# _____ Circ/Comp# _____

Type: Centrifugal Screw Reciprocating Scroll

Make: Trane Carrier York McQuay Other _____

Oil Brand/Type: _____

Sample Date: mm / dd / yyyy Lube/Fluid Hrs: _____

Technician Name: _____ Phone: _____

Comments: _____

1000-254

▲ IF INFO COMPLETED *<i>RETURN</i>* THIS FORM *<i>IN</i>* CASE

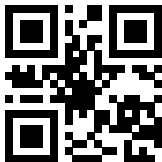
▼ STICK ON BOTTLE

▼ STICK ON SYRINGE



ID or S/N:

Sample Date:





SCAN TO COMPLETE **ON-LINE** ►

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CUSTOM 1

WC

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

Customer# _____

Customer _____

Reporting Language: French English (default)

Sample# _____ **Batch#** _____

Machine ID _____

Include results history? Yes No (default)

Department: Production Sales

Sample From: Machine Drum Tote

Production Stage: Virgin Initial Lab Reclaim Final

Testing Requested: Total Susp Solids Total Organic Chlorine

IND2-ICP KV AN KF Total Sulfur Analysis PCB Content

ICP Analysis Active Sulfur Analysis Other _____

Oil Brand/Type: _____

Sample Date: mm / dd / yyyy Sent to WC: mm / dd / yyyy

Comments:

1000-255

▲ IF INFO COMPLETED **<i>RETURN</i>** THIS FORM **<i>IN</i>** CASE

▼ STICK ON BOTTLE

▼ STICK ON SYRINGE



ID or S/N:

Sample Date:





SCAN TO COMPLETE **ON-LINE** ►

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CUSTOM 1

WC

CUSTOMER NAME: _____

REGISTRATION No.: _____

AIRCRAFT MAKE/MODEL: _____

COMPONENT (Circle One): Jet Turbine / Engine / Gearbox / Hydraulic

LOCATION (Circle One): Left / Right / Rotor / Other _____

COMPONENT MAKE/MODEL: _____

COMPONENT S/N: _____

CYLINDER TYPE (Circle One): Nitride / Chrome / NickelCarb

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY CAPACITY: _____ L / Gal

TIME SINCE NEW (TSN): _____ HRS

TIME SINCE OVERHAUL (TSO): _____ HRS

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO

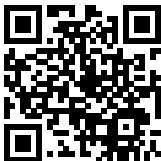
Comments:

1000-400

▲ IF INFO COMPLETED **RETURN** THIS FORM **IN** CASE

▼ STICK ON BOTTLE

▼ STICK ON SYRINGE



ID or S/N:

Sample Date:





SCAN TO COMPLETE **ON-LINE** ►

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WC

CUSTOMER CODE: ABC CUSTOMER

▼ **AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION**

SHIP NAME: _____

UNIT NUMBER: _____ S/N: _____

Sample From:

| | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Main Engine | <input type="checkbox"/> Gearbox | <input type="checkbox"/> Port |
| <input type="checkbox"/> Winch | <input type="checkbox"/> Transmission Rear | <input type="checkbox"/> Starboard |
| <input type="checkbox"/> Bow Thruster | <input type="checkbox"/> Crane | <input type="checkbox"/> Center |
| <input type="checkbox"/> Stern Tube | <input type="checkbox"/> Steering Gear | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Var. Pitch Prop | <input type="checkbox"/> Other _____ | |

Location: _____

OIL TYPE: _____ CAPACITY: _____

TOTAL TIME ON UNIT: _____ hrs / mths / yrs

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO / NO FILTER

SAMPLE DATE: MM / DD / YY

Comments:

1000-600

▲ IF INFO COMPLETED **<i>RETURN</i>** THIS FORM **<i>IN</i>** CASE

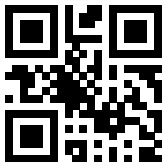
▼ STICK ON BOTTLE

▼ STICK ON SYRINGE



ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE* ►

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CUSTOMER CODE: **ABC CUSTOMER**

▼ AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION

SHIP NAME: _____

UNIT NUMBER: _____ S/N: _____

Sample From: Hydraulic System Location:

| | | |
|--|---|---|
| <input type="checkbox"/> Main Engine | <input type="checkbox"/> Reduction Gear | <input type="checkbox"/> Port |
| <input type="checkbox"/> Genset | <input type="checkbox"/> Winch | <input type="checkbox"/> Starboard |
| <input type="checkbox"/> Bow Thruster | <input type="checkbox"/> Crane | <input type="checkbox"/> Center/Auxiliary |
| <input type="checkbox"/> Stern Tube | <input type="checkbox"/> Steering | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Flanking System | <input type="checkbox"/> Other _____ | |

OIL TYPE: _____ CAPACITY: _____

TOTAL TIME ON UNIT: _____ hrs / mths / yrs

TIME ON OIL: _____ CHANGED: YES / NO

TIME ON FILTER: _____ SERVICED: YES / NO / NO FILTER

SAMPLE DATE: MM / DD / YY

Comments:

1000-601

▲ IF INFO COMPLETED *<i>RETURN</i>* THIS FORM *<i>IN</i>* CASE

▼ STICK ON BOTTLE

▼ STICK ON SYRINGE



ID or S/N:

Sample Date:





WC

SCAN TO COMPLETE *ON-LINE*

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Dealer: _____
 Owner: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ E-Mail: _____

Product Type: Marine Propulsion Engine Industrial Engine-Variable Speed
 Stern Drive Marine Gen-Set Industrial Engine-Generator
 IPS Inboard Gear Other _____
 Location: Port Center Starboard N/A

| | | | |
|--------------|--|------------------|--|
| Manufacturer | | Unit Hours | |
| Model | | Sample Date | |
| Serial No. | | Sampled By/Job # | |

Oil Brand: _____ Oil Grade: _____
 System Capacity: _____ Barrels Gallons Litres
 Fuel Type: Diesel Gasoline Other _____
 Coolant Type: Volvo Coolant (green) Volvo VCS (yellow) Other _____
 Oil Hrs: _____ Oil Change? Yes No Filter Change? Yes No N/A

Comments: _____

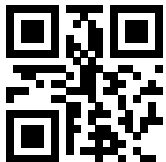
1000-602

IF INFO COMPLETED RETURN THIS FORM IN CASE STICK ON BOTTLE STICK ON SYRINGE



ID or S/N:

Sample Date:





SCAN TO COMPLETE **ON-LINE**

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CUSTOMER CODE: _____

OR

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

CODE CONTACT: _____

PHONE MAIL: _____

FAX: _____

NOTE: FAILURE TO COMPLETE INFORMATION MAY RESULT

VEHICLE ID NO.: _____ SERIAL NO.: _____

VEHICLE MAKE: _____ COMPONENT _____

MAKE VEHICLE MODEL: _____ COMPONENT _____

MODEL COMPONENT (CIRCLE ONE): ENGINE / TRANSMISSION / POWER TAKE

OFF / HYDROSTATIC / HYDRAULIC SYSTEM

GEARBOX / SWING DRIVE / DIFFERENTIAL / FINAL DRIVE / PLANETARY /

TANDEM / STEERING / BRAKE

Comments:

Empty box for comments.

IF INFO COMPLETED **<i>RETURN</i>** THIS FORM **<i>IN</i>**

STICK ON BOTTLE

STICK ON SYRINGE



ID or S/N:

Sample Date:



SCAN TO COMPLETE *ON-LINE*

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Comments:

IF INFO COMPLETED ***RETURN*** THIS FORM ***IN***
STICK ON BOTTLE STICK ON SYRINGE



ID or S/N:

Sample Date: