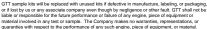


## SCAN TO COMPLETE ON-LINE





Customer:	
Address:	
	ZIP/Postal:
Email results to:	
Office Contact:	Job Name:
	Circ/Comp#
Full Serial No:	Full Model No:
Manufacturer: Carrier	McQuay
☐ Trane ☐ York	Other
Refrigerant: R134A	R123 R22
LiBr Glycol	Other
Oil Brand/Type:	
Sample Date: mm / dd / yyyy	Activity/P.O.#:
Technician Name:	Phone:
Compressor Hrs:	
Fluid Changed? Yes No	Filter Changed? Yes No
Comments:	
Add Tests:	1000-254
PLACE COMPLETED FORM IN	MAILER (DON`T STICK TO MAILER



scan to track sample

ID or S/N:

Sample Date:

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