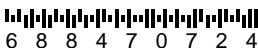




Laboratory:
WearCheck USA
501 Madison Ave.
Cary, NC 27513
USA

Ship To:

BALDWIN FILTERS INC
4400 HIGHWAY 30 EAST
KEARNEY, NE 68847-0724
USA



Carton Contents:



1 x Sample Bottles
1 x Sample Mailers
1 x Sample Information Forms (SIFs)
SIF# WC0816150 to WC0816150



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



CARTON ID
206647

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



← scan to track carton/samples

Customer:

Shipped:



ID# 206647

ID# 206647



WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ▶



WC0816150

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: **BALKEA**

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

Add Tests: RPVOT 1000-200

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

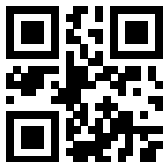
▼ **KEEP** FOR TRACKING THIS SAMPLE ▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

_____ Sample Date: _____

WC0816150



WC0816150