

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

8

4 9

Ship To: PERDUE FARMS - Lewiston 210 GRIFFINS QUARTER RD LEWISTON, NC 27849 USA

Carton Contents:



36 x Sample Bottles 36 x Sample Mailers 36 x Sample Information Forms (SIFs) SIF# PCA0099011 to PCA0099046



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:







CUSTOMER CODE: PERLEWNC 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:

TIME ON FILTER: _____

CHANGED: YES / NO SERVICED: YES / NO

Comments:

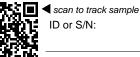
Add Tests:

PCA0099011

1000-009

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

KEEP FOR TRACKING THIS SAMPLE



Sample Date:







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Comments:

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1000-009

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

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scan to track sample
ID or S/N:

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CA0099017

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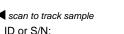
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CHANGED: YES / NO SERVICED: YES / NO

Comments:

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PCA0099023

1000-009

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

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■ 101 ■

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1000-009

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TIME ON FILTER:

CHANGED: YES / NO SERVICED: YES / NO

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PCA0099027

1000-009

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1000-009

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CA0099029

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■ (3.55) ■

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TIME ON UNIT: _____

TIME ON OIL: _____

TIME ON FILTER:

CHANGED: YES / NO SERVICED: YES / NO

Comments:

Add Tests:

PCA0099032

1000-009

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

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■ < scan to track sample ID or S/N: Sample Date:







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Comments:

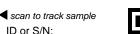
Add Tests:

PCA0099035

1000-009

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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:

Add Tests:

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Sample Date:





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UNIT NUMBER:

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Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential

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

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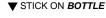
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