



Laboratory:
 WearCheck Canada Inc.
 C8-1175 Appleby Line
 Burlington, ON L7L 5H9
 CANADA

Ship To:
 DUNCAN SHARP
 189 ISLAND
 STURGEON FALLS, ON P2B 2W2
 CA



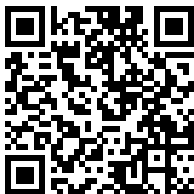
Carton Contents:



2 x Sample Bottles
 2 x Sample Mailers
 2 x Sample Information Forms (SIFs)
 SIF# WC0818918 to WC0818919



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



CARTON ID
208325

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



◀ scan to track carton/samples

Customer:

Shipped:



ID# 208325

ID# 208325



WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ▶



WC0818918

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: **DUNNOR**

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

SHIP NAME: _____

UNIT NUMBER: _____ S/N: _____

Sample From: Hydraulic System Location:

Main Engine Gearbox Port

Winch Transmission Rear Starboard

Bow Thruster Crane Center

Stern Tube Steering Gear Other _____

Var. Pitch Prop 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:

Add Tests: 1000-600

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

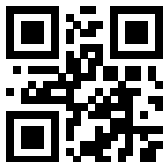
▼ **KEEP** FOR TRACKING THIS SAMPLE ▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

_____ Sample Date: _____

WC0818918



WC0818918



WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ▶



WC0818919

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CUSTOMER CODE: **DUNNOR**

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

SHIP NAME: _____

UNIT NUMBER: _____ S/N: _____

<i>Sample From:</i>	<input type="checkbox"/> Hydraulic System	<i>Location:</i>
<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 _____	

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:

Add Tests: _____ 1000-600

▲ 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: _____

WC0818919



WC0818919