



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

Ship To:

*** Applied Lubrication Technology Inc***
 12 French Drive
 Mono, Ontario L9W 5W1
 CANADA



Carton Contents:



1 x Sample Bottles
 1 x Sample Mailers
 1 x Sample Information Forms (SIFs)
 SIF# WC0828857 to WC0828857



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



CARTON ID
211240

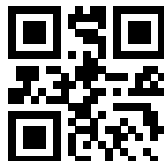
▼ keep for your records * THESE LABELS PEEL OFF * ▼ place on return shipping box



← scan to track carton/samples

Customer:

Shipped:



ID# 211240

ID# 211240



SCAN TO COMPLETE **ON-LINE** ▶



WC0828857

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: APPMON

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: 4-Ball 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: _____

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