



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

**Ship To:**  
 ROBERT PRELLWITZ  
 7205 N BENJAMIN CT  
 PEORIA, IL 61614  
 US

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 6 1 6 1 4

**Carton Contents:**

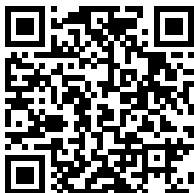


1 x Sample Bottles  
 1 x Sample Mailers  
 1 x Sample Information Forms (SIFs)  
 SIF# WC0837846 to WC0837846



W C - M A R - 2

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



**CARTON ID**  
**214970**

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



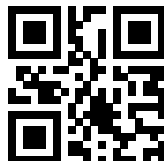
← scan to track carton/samples

Customer:

\_\_\_\_\_

Shipped:

\_\_\_\_\_



**ID# 214970**

**ID# 214970**



**WEAR CHECK**

SCAN TO COMPLETE *ON-LINE* ►



**WC0837846**

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: ROBPEO**

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

SHIP NAME: \_\_\_\_\_

UNIT NUMBER: \_\_\_\_\_ S/N: \_\_\_\_\_

Sample From:  Hydraulic System      Location: \_\_\_\_\_

|  |  |                                      |
|--|--|--------------------------------------|
| <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:  
\_\_\_\_\_

**WC0837846**



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