

Laboratory:

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

Ship To:

GTT Onset 5629 McAdam Road Mississauga, ON L4Z 1N9 CA

Carton Contents:



12 x Sample Bottles

12 x Sample Mailers

12 x Sample Information Forms (SIFs)

SIF# GTT0000016 to GTT0000027



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



CARTON ID 21827

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



scan to track carton/samples Customer:

Shipped:

D# 218279



ID# 218279



GTT 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. GTT 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.



	Davis
▼ AFFIX MACHINE LABEL OR CO	OMPLETE THIS INFORMATION
Customer:	
Address:	
City, State/Prov:	ZIP/Postal:
Email results to:	
Office Contact:	Job Name:
Full S/N	Full Model#
CH#	Circ/Comp#
Manufacturer: Carrier	☐ McQuay
☐ Trane ☐ York	Other
Refrigerant: R134A	R123 R22
LiBr Glycol	Other
Oil Brand/Type:	
Sample Date: mm / dd / yyyy	Activity/P.O.#:
Technician Name:	Phone:
Compressor Hrs:	Lube/Fluid Hrs:
Fluid Changed? Yes No	Filter Changed? Yes No
Comments:	
Add Tests:	1000-254
PLACE COMPLETED FORM IN N	MAILER (DON`T STICK TO MAILER)
KEED EOD TDACKING THIS SA	MDIE STICK ON POTTIE

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



scan to track sample

ID or S/N:

Sample Date:

GTT0000016



GTT0000017





GTT0000017

GTT sample kits will be replaced with unused kits if defective in manufacture, labeling, or packaging, or flost by us or any associate company even though by negligence or other faul. GTT 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, expresentations, or guaranties with respect to the performance of any such engine, piece of equipment, or material.

guaranties with respect to the performance of any such engine	, piece of equipment, or material. GTT0000)017
▼ AFFIX MACHINE LABEL O	R COMPLETE THIS INFORMATION	NC
Customer:		
Address:		
	ZIP/Postal:	
Email results to:		
Office Contact:	Job Name:	
Full S/N	Full Model#	
CH#		
Manufacturer: Carrie	er	
☐ Trane ☐ York	Other	
Refrigerant: R134A	☐ R123 ☐ R22	
LiBr Glycol	Other	
Oil Brand/Type:		
Sample Date: mm / dd / yyyy	Activity/P.O.#:	
Technician Name:	Phone:	
Compressor Hrs:	Lube/Fluid Hrs:	
Fluid Changed? Yes	No Filter Changed? Yes	□No
Comments:		
Add Tests:	100	0-254
PLACE COMPLETED FORM	I IN MAILER (DON'T STICK TO M.	AILER
KEEP FOR TRACKING THIS	S SAMPLE STICK ON BC	TTLE
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■ ¥ # scan to t	track sample	
ID or S/N	N: LEIRIL	
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Sample	Date:	3
		47







GTT0000018

guaranties with respect to the performance of any such engine, pie	COMPLETE THIS INFORMATION
Customer:	
Address:	
	ZIP/Postal:
Email results to:	
Office Contact:	Job Name:
Full S/N	Full Model#
CH#	Circ/Comp#
Manufacturer: Carrier	☐ McQuay
☐ Trane ☐ York	Other
Refrigerant: R134A	☐ R123 ☐ R22
LiBr Glycol	Other
Oil Brand/Type:	
Sample Date: mm / dd / yyyy	Activity/P.O.#:
Technician Name:	_ Phone:
Compressor Hrs:	Lube/Fluid Hrs:
Fluid Changed? Yes No	Filter Changed?
Comments:	
Add Tests:	1000-254
PLACE COMPLETED FORM II	N MAILER (DON'T STICK TO MAILER
KEEP FOR TRACKING THIS S	SAMPLE ▼ STICK ON BOTTLE
scan to tra	
ID or S/N:	٠
	- L

Sample Date:







GTT0000019

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION Customer: Address: City, State/Prov:ZIP/Postal: Email results to: Office Contact:Job Name: Full S/NFull Model# CH#Circ/Comp# Manufacturer: Carrier McQuay Trane York Other	uaranties with respect to the performance of any such eng	Davis	G110000019
Address: City, State/Prov:ZIP/Postal:	▼ AFFIX MACHINE LABEL	OR COMPLETE TH	IS INFORMATION
City, State/Prov: ZIP/Postal: Email results to: Job Name: Office Contact: Job Name: Full S/N Full Model# CH# Circ/Comp# Manufacturer: Carrier	Customer:		
Email results to: Job Name: Office Contact: Job Name: Full S/N Full Model# CH# Circ/Comp# Manufacturer: Carrier	Address:		
Office Contact: Job Name: Full S/N Full Model# CH# Circ/Comp# Manufacturer: Carrier	City, State/Prov:	ZIP/	Postal:
Full S/N	Email results to:		
Full S/N	Office Contact:	Job Name:	
CH# Circ/Comp# Manufacturer: □ Carrier □ McQuay	Full S/N	Full Model	
Manufacturer: Carrier McQuay	A11		#
☐ Trane ☐ York ☐ Other	Manufacturer: Car	ırrier 🔲 I	McQuay
	☐ Trane ☐ Yor	rk (Other
Refrigerant: R134A R123 R22	Refrigerant: R134A	☐ R123 ☐ R2	2
□ LiBr □ Glycol □ Other	LiBr Glycol	Other	
Oil Brand/Type:	Oil Brand/Type:		
Sample Date: mm / dd / yyyy Activity/P.O.#:	Sample Date: mm / dd / yyyy	Activity/P.O.#	:
Technician Name: Phone:	Technician Name:	Phone:	
Compressor Hrs: Lube/Fluid Hrs:	Compressor Hrs:	Lube/Fluid Hr	'S:
Fluid Changed?	Fluid Changed? Yes	No Filter Changed?	Yes No
Comments:	Comments:		
Add Tests: 1000-25	Add Tests:		1000-254
PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILE	PLACE COMPLETED FOR	RM IN MAILER (DON	T STICK TO MAILER)
▼ KEEP FOR TRACKING THIS SAMPLE ▼ STICK ON BOTTL	' KEEP FOR TRACKING TH	IIS SAMPLE T	STICK ON BOTTLE
■ P-3:12 ■ scan to track sample	□ 6^27 :# □ 4 #	to track sample	



ID or S/N:

Sample Date:







GTT sample kits will be replaced with usused kits if defective in manufacture, labeling, or packaging, or if test by us or yas associate company even though by registence or other fault. GTT shall not be liable or responsible for the future performance or failure of any engine, piace of equipment or material involved in any test or sample. The Company material involved in any test or sample. The Company material involved in any test or sample, so the contractive or warranties, representations, or guaranties with respect to the performance of any such engine, piece of equipment, or material.

■ AFFIX MACHINE LAREL O	R COMPLETE THIS INFORMATION
*	
Customer:	
Address:	ZIP/Postal:
Email results to:	
Full S/N	Job Name: Full Model#
CH#	Circ/Comp#
Manufacturer: Carrie	er McQuay
☐ Trane ☐ York	Other
Refrigerant: R134A	☐ R123 ☐ R22
LiBr Glycol	Other
Oil Brand/Type:	
Sample Date: mm / dd / yyyy	Activity/P.O.#:
Technician Name:	
	Lube/Fluid Hrs:
Fluid Changed? Yes	No Filter Changed? Yes No
Comments:	
Add Tests:	1000-254
	IN MAILER (DON'T STICK TO MAILER
KEEP FOR TRACKING THIS	SAMPLE ▼ STICK ON BOTTLE
Scan to t	rack sample
ID or S/N	
	eritse.
Somple	Doto:
Sample	
GTT0000020 ———	GTT0000020
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	Davis C. 1000021	
▼ AFFIX MACHINE LABEL OR (COMPLETE THIS INFORMATION	
Customer:		
Address:		
City, State/Prov:	ZIP/Postal:	
Email results to:		
Office Contact:	Job Name:	
	Full Model#	
CH#	Circ/Comp#	
Manufacturer: Carrier	☐ McQuay	
☐ Trane ☐ York	Other	
Refrigerant: R134A	R123 R22	
LiBr Glycol Other		
Oil Brand/Type:		
Sample Date: mm / dd / yyyy	Activity/P.O.#:	
Technician Name:	Phone:	
Compressor Hrs:	Lube/Fluid Hrs:	
Fluid Changed? Yes No	Filter Changed? Yes No	
Comments:		
Add Tests:	1000-254	
PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER		
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KEEP FOR TRACKING THIS SAMPLE ▼ STICK ON *BOTTLE*



scan to track sample

ID or S/N:

Sample Date:









	Davis OTTOGGGEE
▼ AFFIX MACHINE LABEL OR CO	OMPLETE THIS INFORMATION
Customer:	
Address:	
City, State/Prov:	ZIP/Postal:
Email results to:	
Office Contact:	Job Name:
	Full Model#
CH#	Circ/Comp#
Manufacturer: Carrier	McQuay
☐ Trane ☐ York	Other
Refrigerant: R134A	R123 R22
LiBr Glycol	Other
Oil Brand/Type:	
Sample Date: mm / dd / yyyy	Activity/P.O.#:
Technician Name:	Phone:
Compressor Hrs:	Lube/Fluid Hrs:
Fluid Changed? Yes No	Filter Changed? Yes No
Comments:	
Add Tests:	1000-254
PLACE COMPLETED FORM IN N	MAILER (DON'T STICK TO MAILER)

KEEP FOR TRACKING THIS SAMPLE ▼ STICK ON BOTTLE



scan to track sample

ID or S/N:

Sample Date:









▼ AFFIX MACHINE LABEL <i>OR</i> COMPLETE THIS INFORMATION			
Customer:			
Address:			
City, State/Prov:			
Email results to:			
Office Contact:	Job Name:		
	Full Model#		
CH#	Circ/Comp#		
Manufacturer: Carrier	☐ McQuay		
☐ Trane ☐ York	Other		
_ * = =	R123 R22		
☐ LiBr ☐ Glycol ☐	Other		
Oil Brand/Type:			
Sample Date: mm / dd / yyyy	Activity/P.O.#:		
Technician Name:	Phone:		
Compressor Hrs:	Lube/Fluid Hrs:		
Fluid Changed? Yes No	Filter Changed? Yes No		
Comments:			
Add Tests:	1000-254		
PLACE COMPLETED FORM IN N	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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▼ AFFIX MACHINE LABEL <i>OR</i>	COMPLETE THIS INFORMATION
Customer:	
Address:	
	ZIP/Postal:
Email results to:	
Office Contact:	Job Name:
	Full Model#
CH# Carrier	
Manufacturer: Carrier	☐ McQuay
☐ Trane ☐ York	Other
Refrigerant: R134A	R123 R22
LiBr Glycol	Other
Oil Brand/Type:	
Sample Date: mm / dd / yyyy	
Technician Name:	Phone:
Compressor Hrs:	Lube/Fluid Hrs:
Fluid Changed? Yes No	Filter Changed? Yes No
Comments:	
Add Tests:	1000-254
DI ACE COMPLETED FORM I	N MAILER (DON'T STICK TO MAILER)

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

▼ KEEP FOR TRACKING THIS SAMPLE ▼ STICK ON BOTTLE



GTT0000024

scan to track sample

ID or S/N:

Sample Date:





GTT0000025

SCAN TO COMPLETE ON-LINE





▼ AFFIX MACHINE LABEL <i>OR</i> COMPLETE THIS INFORMATION		
Customer:		
Address:		
City, State/Prov:	ZIP/Postal:	
Email results to:		
Office Contact:	Job Name:	
Full S/N	Full Model#	
CH#	Circ/Comp#	
Manufacturer: Carrier	Ξ ΄	
Trane York	Other	
Refrigerant: R134A	☐ R123 ☐ R22	
LiBr Glycol	Other	
Oil Brand/Type:		
Sample Date: mm / dd / yyyy	Activity/P.O.#:	
Technician Name:	_ Phone:	
Compressor Hrs:	Lube/Fluid Hrs:	
Fluid Changed? Yes No	Filter Changed?	
Comments:		
Add Tests:	1000-254	
PLACE COMPLETED FORM II	N MAILER (DON`T STICK TO MAILER	
KEEP FOR TRACKING THIS S	SAMPLE STICK ON BOTTLE	
■ Scan to tra		
ID or S/N:		
Sample D	ate:	



GTT0000026

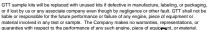
SCAN TO COMPLETE ON-LINE





		Davis	100000
▼ AFFIX MACHINE	E LABEL OR C	OMPLETE THIS INFO	ORMATION
Customer:			
Address:			
City, State/Prov:		ZIP/Postal:	
Email results to: _			
Office Contact:		Job Name:	
Full S/N		Full Model#	
CH#		Circ/Comp#	
Manufacturer:	Carrier	☐ McQuay	
Trane	☐ York	Other_	
Refrigerant:	R134A	R123	
LiBr	Glycol	Other	
Oil Brand/Type:			
Sample Date: mm/	/ dd / yyyy	Activity/P.O.#:	
Technician Name: Phone:			
Compressor Hrs:		Lube/Fluid Hrs:	
Fluid Changed?	☐Yes ☐No	Filter Changed?	☐Yes ☐No
Comments:			
Add Tests:			1000-254
PLACE COMPLET	TED FORM IN I	MAILER (DON'T STIC	CK TO MAILER
KEEP FOR TRAC	KING THIS SA	MPLE ▼ STIC	K ON <i>BOTTLE</i>
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	ID or S/N:		
美国教育			
	Sample Dat	e: —	







GTT0000027

,	Davis GIIO000021
▼ AFFIX MACHINE LABEL OR	COMPLETE THIS INFORMATION
Customer:	
Address:	
City, State/Prov:	ZIP/Postal:
Email results to:	
Office Contact:	Job Name:
Full S/N	Full Model#
CH#	Circ/Comp#
Manufacturer: Carrier	☐ McQuay
☐ Trane ☐ York	Other
Refrigerant: R134A	R123 R22
LiBr Glycol	Other
Oil Brand/Type:	
Sample Date: mm / dd / yyyy	Activity/P.O.#:
Technician Name:	Phone:
Compressor Hrs:	Lube/Fluid Hrs:
Fluid Changed? Yes No	Filter Changed? Yes No
Comments:	
Add Tests:	1000-254
PLACE COMPLETED FORM IN	N MAILER (DON`T STICK TO MAILER)
KEEP FOR TRACKING THIS S	SAMPLE ▼ STICK ON BOTTLE
scan to tra	
ID or S/N:	الكال الدالكا

Sample Date: