



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

Ship To:

*** Max Corso ***

83 Elma Place Tel: (226)606-5353

Cambridge, Ontario N3C 4E7

CANADA



Carton Contents:



6 x Sample Bottles

6 x Sample Mailers

6 x Sample Information Forms (SIFs)

SIF# WC0855605 to WC0855610



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



CARTON ID
222088

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

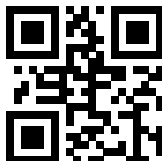


← scan to track carton/samples

Customer:

Shipped:

ID# 222088



ID# 222088



WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ▶



WC0855605

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: **MAXCAM**

▼ 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

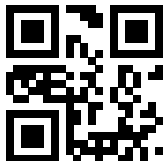
▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:

WC0855605



WC0855605



WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ►



WC0855606

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CUSTOMER CODE: **MAXCAM**

▼ 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)

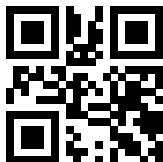
▼ **KEEP** FOR TRACKING THIS SAMPLE ▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:

WC0855606



WC0855606



WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ▶



WC0855607

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CUSTOMER CODE: **MAXCAM**

▼ 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)

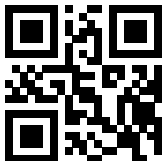
▼ **KEEP** FOR TRACKING THIS SAMPLE ▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date: _____

WC0855607



WC0855607



WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ►



WC0855608

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CUSTOMER CODE: **MAXCAM**

▼ 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)

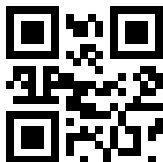
▼ **KEEP** FOR TRACKING THIS SAMPLE ▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

_____ Sample Date: _____

WC0855608



WC0855608



WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ►



WC0855609

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CUSTOMER CODE: **MAXCAM**

▼ 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)

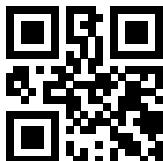
▼ **KEEP** FOR TRACKING THIS SAMPLE ▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

_____ Sample Date: _____

WC0855609



WC0855609



WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ►



WC0855610

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CUSTOMER CODE: **MAXCAM**

▼ 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)

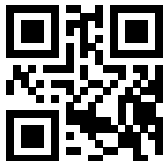
▼ **KEEP** FOR TRACKING THIS SAMPLE ▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

_____ Sample Date: _____

WC0855610



WC0855610