



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

Ship To:

ACTION HYDRAULICS LTD
797 GARYRAY DRIVE
NORTH YORK, ON M9L 1R2
CA



Carton Contents:



4 x Sample Bottles
 4 x Sample Mailers
 4 x Sample Information Forms (SIFs)
 SIF# WC0865005 to WC0865008



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



CARTON ID
224619

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



◀ scan to track carton/samples

Customer:

Shipped:

ID# 224619



ID# 224619



WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ▶



WC0865005

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: **ACTNOR**

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: _____ 1000-200

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

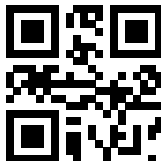
▼ **KEEP** FOR TRACKING THIS SAMPLE ▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

_____ Sample Date: _____

WC0865005



WC0865005



WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ►



WC0865006

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: ACTNOR

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: _____ 1000-200

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

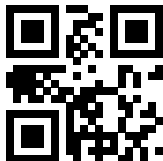
▼ **KEEP FOR TRACKING THIS SAMPLE** ▼ **STICK ON BOTTLE**



◀ *scan to track sample ID or S/N:*

_____ **Sample Date:**

WC0865006



WC0865006



WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ▶



WC0865007

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: ACTNOR

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"/> Gearbox | <input type="checkbox"/> Plain Bearing |
| <input type="checkbox"/> Hydraulic System | <input type="checkbox"/> Reduction Gear | <input type="checkbox"/> Roller Bearing |
| <input type="checkbox"/> Pump | <input type="checkbox"/> Gear Extruder | <input type="checkbox"/> Thrust Bearing |
| <input type="checkbox"/> Blower | <input type="checkbox"/> Rotary Compressor | <input type="checkbox"/> Genset/Generator |
| <input type="checkbox"/> Turbine | <input type="checkbox"/> Recip. Compressor | <input type="checkbox"/> New Unused Oil |
| | <input type="checkbox"/> Screw Compressor | <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: _____ 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:**

WC0865007



WC0865007



WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ▶



WC0865008

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: ACTNOR

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: _____ 1000-200

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

▼ **KEEP FOR TRACKING THIS SAMPLE**

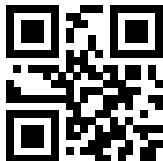
▼ **STICK ON BOTTLE**



◀ *scan to track sample ID or S/N:*

_____ **Sample Date:**

WC0865008



WC0865008