



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

Ship To:

Umano Medical
230 Blvd Nilus Leclerc
L'Islet, QC G0R 2C0
CA



Carton Contents:



1 x Sample Bottles
1 x Sample Mailers
1 x Sample Information Forms (SIFs)
SIF# PC0084187 to PC0084187



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



CARTON ID
224732

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

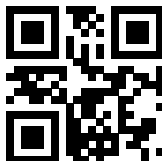


← scan to track carton/samples

Customer:

Shipped:

ID# 224732



ID# 224732



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PC0084187

PC 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. PC 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: GROLIS

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)

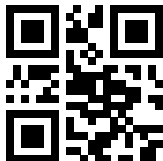
▼ **KEEP** FOR TRACKING THIS SAMPLE ▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:

PC0084187



PC0084187