



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

Ship To:

PAPER WORKS PKG
2000 SUMMIT AVE
HASTINGS, NE 68902
US

6 8 9 0 2

Carton Contents:



10 x Sample Bottles
10 x Sample Mailers
10 x Sample Information Forms (SIFs)
SIF# TO60001687 to TO60001696



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



CARTON ID
225358

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

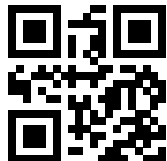


← scan to track carton/samples

Customer: _____

Shipped: _____

ID# 225358



ID# 225358



TULCO
OILS
006 - National Division

WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ▶



TO60001687

TO6 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. TO6 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: PAPHAS

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: KV40,KV100 1000-200

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

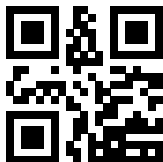
▼ **KEEP FOR TRACKING THIS SAMPLE** ▼ **STICK ON BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date: _____

TO60001687



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CUSTOMER CODE: PAPHAS

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: KV40,KV100 1000-200

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

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



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Sample Date: _____

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WORK ORDER NO.: _____

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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

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Comments:

Add Tests: KV40,KV100 1000-200

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◀ scan to track sample ID or S/N:

Sample Date: _____

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CUSTOMER CODE: PAPHAS

WORK ORDER NO.: _____

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

UNIT ID: _____ **S/N:** _____

MAKE / MODEL: _____

- | | | |
|---|--|---|
| <i>Sample From:</i> | <input type="checkbox"/> Gearbox | <input type="checkbox"/> Plain Bearing |
| <input type="checkbox"/> Circulating Oil | <input type="checkbox"/> Reduction Gear | <input type="checkbox"/> Roller Bearing |
| <input type="checkbox"/> Hydraulic System | <input type="checkbox"/> Gear Extruder | <input type="checkbox"/> Thrust Bearing |
| <input type="checkbox"/> Pump | <input type="checkbox"/> Rotary Compressor | <input type="checkbox"/> Genset/Generator |
| <input type="checkbox"/> Blower | <input type="checkbox"/> Recip. Compressor | <input type="checkbox"/> New Unused Oil |
| <input type="checkbox"/> Turbine | <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: KV40,KV100 1000-200

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



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_____ Sample Date: _____

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CUSTOMER CODE: PAPHAS

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: KV40,KV100 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: _____

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CUSTOMER CODE: PAPHAS

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: KV40,KV100 1000-200

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

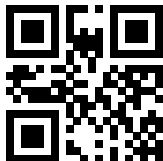
▼ **KEEP FOR TRACKING THIS SAMPLE** ▼ **STICK ON BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date: _____

TO60001692



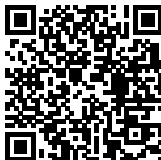
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CUSTOMER CODE: PAPHAS

WORK ORDER NO.: _____

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

UNIT ID: _____ S/N: _____

MAKE / MODEL: _____

- | | | |
|---|--|---|
| Sample From: | <input type="checkbox"/> Gearbox | <input type="checkbox"/> Plain Bearing |
| <input type="checkbox"/> Circulating Oil | <input type="checkbox"/> Reduction Gear | <input type="checkbox"/> Roller Bearing |
| <input type="checkbox"/> Hydraulic System | <input type="checkbox"/> Gear Extruder | <input type="checkbox"/> Thrust Bearing |
| <input type="checkbox"/> Pump | <input type="checkbox"/> Rotary Compressor | <input type="checkbox"/> Genset/Generator |
| <input type="checkbox"/> Blower | <input type="checkbox"/> Recip. Compressor | <input type="checkbox"/> New Unused Oil |
| <input type="checkbox"/> Turbine | <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: KV40,KV100 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: _____

TO60001693



TO60001693



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006 - National Division

WEAR CHECK

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TO60001694

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CUSTOMER CODE: PAPHAS

WORK ORDER NO.: _____

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

UNIT ID: _____ **S/N:** _____

MAKE / MODEL: _____

- | | | |
|---|--|---|
| <i>Sample From:</i> | <input type="checkbox"/> Gearbox | <input type="checkbox"/> Plain Bearing |
| <input type="checkbox"/> Circulating Oil | <input type="checkbox"/> Reduction Gear | <input type="checkbox"/> Roller Bearing |
| <input type="checkbox"/> Hydraulic System | <input type="checkbox"/> Gear Extruder | <input type="checkbox"/> Thrust Bearing |
| <input type="checkbox"/> Pump | <input type="checkbox"/> Rotary Compressor | <input type="checkbox"/> Genset/Generator |
| <input type="checkbox"/> Blower | <input type="checkbox"/> Recip. Compressor | <input type="checkbox"/> New Unused Oil |
| <input type="checkbox"/> Turbine | <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: KV40,KV100 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: _____

TO60001694



TO60001694



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CUSTOMER CODE: PAPHAS

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: KV40,KV100 1000-200

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

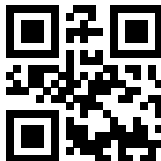
▼ **KEEP FOR TRACKING THIS SAMPLE** ▼ **STICK ON BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date: _____

TO60001695



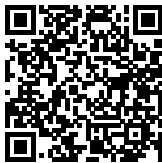
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UNIT ID: _____ **S/N:** _____

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

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Comments:

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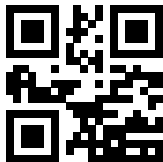
▼ **KEEP FOR TRACKING THIS SAMPLE** ▼ **STICK ON BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date: _____

TO60001696



TO60001696