

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

Ship To: CANADIAN BEARINGS LTD. (Branch 10) 1600 DREW ROAD MISSISSAUGA, ON L5S 1S5 CA L 5 S 1 S 5

Carton Contents:



12 x Sample Bottles

12 x Sample Mailers

12 x Sample Information Forms (SIFs)

SIF# CB0031622 to CB0031633



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





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





scan to track carton/samples

Customer:

Shipped:







| • | OR COMPLETE THIS INFORMATION | |
|---|------------------------------|--|
| COMPANY: | | |
| ADDRESS: | | |
| | STATE/PROV: | |
| ZIP/POSTAL: | PHONE: | |
| EMAIL/ATTN: | | |
| UNIT No.: | | |
| MAKE: | MODEL: | |
| COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox | | |
| Other | | |
| | | |
| SAMPLE DATE: MM / DD / | | |
| TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES | | |
| TIME ON OIL: | CHANGED: YES / NO | |

TIME ON OIL:

TIME ON FILTER:

SERVICED: YES / NO

Comments:

Add Tests:

1000-216

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

KEEP FOR TRACKING THIS SAMPLE



scan to track sample ID or S/N:

Sample Date:







| • | DR COMPLETE THIS INFORMATION | |
|---|------------------------------|--|
| COMPANY: | | |
| ADDRESS: | | |
| CITY: | STATE/PROV: | |
| ZIP/POSTAL: | PHONE: | |
| EMAIL/ATTN: | | |
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PLACE COMPLETED FORM IN MAILER (DON'T STICK TO MAILER)

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scan to track sample ID or S/N:

Sample Date:







| ▼ AFFIX MACHINE LABEL C | DR COMPLETE THIS INFORMATION | |
|---|-------------------------------------|--|
| COMPANY: | | |
| ADDRESS: | | |
| CITY: | STATE/PROV: | |
| ZIP/POSTAL: | PHONE: | |
| EMAIL/ATTN: | | |
| UNIT No.: | | |
| MAKE:I | MODEL: | |
| COMPONENT (Circle One): Hydraulic System / Compressor / Gearbox | | |
| Other | | |
| | | |

OIL BRAND & GRADE: _

SAMPLE DATE: MM / DD / YY

TOTAL TIME ON UNIT: HOURS / KILOMETERS / MILES

TIME ON OIL:

TIME ON FILTER:

CHANGED: YES / NO

Comments:

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Sample Date:







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|---|--------------------|--|
| COMPANY: | | |
| ADDRESS: | | |
| CITY: | _STATE/PROV: | |
| ZIP/POSTAL: | | |
| EMAIL/ATTN: | | |
| UNIT No.: | | |
| MAKE: MODE | | |
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| COMPANY: | | |
| ADDRESS: | | |
| CITY: STAT | | |
| ZIP/POSTAL: PHO | NE: | |
| EMAIL/ATTN: | | |
| UNIT No.: | | |
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