

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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US 4 9 4 0 4

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871396 to WC0871405



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:







CUSTOMER CODE: EDLCOO FMAIL /ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER:

COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE:

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL: TIME ON FILTER:

CHANGED: YES / NO SERVICED: YES / NO TOP OFF OIL AMOUNT: GAL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

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Sample Date:







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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

KEEP FOR TRACKING THIS SAMPLE

■_____ ■____ WC0871401

scan to track sample
ID or S/N:

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

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scan to track sample
ID or S/N:

Sample Date:







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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871406 to WC0871415



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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

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scan to track sample
ID or S/N:

Sample Date:







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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

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Sample Date:







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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

WC0871410

1000-060

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

KEEP FOR TRACKING THIS SAMPLE

scan to track sample

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

WC0871411

1000-060

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

KEEP FOR TRACKING THIS SAMPLE

ID or S/N:

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

KEEP FOR TRACKING THIS SAMPLE

WC0871415

scan to track sample ID or S/N:

Sample Date:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871416 to WC0871425



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





igvee keep for your records $\,^*$ THESE LABELS PEEL OFF $\,^*\,\,igvee$ place on return shipping box



scan to track carton/samples

Customer:

Shipped:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

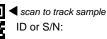
Add Tests:

WC0871421

1000-060

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

KEEP FOR TRACKING THIS SAMPLE



Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

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scan to track sample ID or S/N:

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871426 to WC0871435



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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

KEEP FOR TRACKING THIS SAMPLE



WC0871431

scan to track sample ID or S/N:

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

WC0871434

1000-060

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

KEEP FOR TRACKING THIS SAMPLE

scan to track sample

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871436 to WC0871445



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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

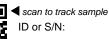
Add Tests:

WC0871436

1000-060

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

KEEP FOR TRACKING THIS SAMPLE



Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

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TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

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TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN: -

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE:

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

CHANGED: YES / NO SERVICED: YES / NO TOP OFF OIL AMOUNT: GAL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US 4 9 4 0 4

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871446 to WC0871455



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





keep for your records * THESE LABELS PEEL OFF *





scan to track carton/samples Customer:

Shipped:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

WC0871446

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

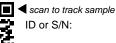
Add Tests:

WC0871450

1000-060

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

KEEP FOR TRACKING THIS SAMPLE



Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

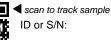
Add Tests:

WC0871455

1000-060

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

KEEP FOR TRACKING THIS SAMPLE



Sample Date:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871456 to WC0871465



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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871466 to WC0871475



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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

KEEP FOR TRACKING THIS SAMPLE



WC0871466

scan to track sample ID or S/N:

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

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SAMPLE DATE: MM / DD / YY

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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

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Comments:

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TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

KEEP FOR TRACKING THIS SAMPLE

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scan to track sample
ID or S/N:

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

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TIME ON FILTER:

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Comments:

Add Tests:

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TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871476 to WC0871485



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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

WC0871477

1000-060

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

KEEP FOR TRACKING THIS SAMPLE

scan to track sample

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

KEEP FOR TRACKING THIS SAMPLE

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scan to track sample ID or S/N:

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

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SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

KEEP FOR TRACKING THIS SAMPLE

scan to track sample

Sample Date:









CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

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CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

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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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871486 to WC0871495



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





igvee keep for your records $\,^*$ THESE LABELS PEEL OFF $\,^*\,\,igvee$ place on return shipping box



scan to track carton/samples

Customer:

Shipped:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

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scan to track sample ID or S/N:

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SAMPLE DATE: MM / DD / YY

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Comments:

Add Tests:

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scan to track sample
ID or S/N:

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

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scan to track sample ID or S/N:

Sample Date:







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TIME UNITS: Hours / Kilometers / Miles / Other

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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

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Comments:

Add Tests:

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Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US 4 9 4 0 4

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871496 to WC0871505



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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

KEEP FOR TRACKING THIS SAMPLE

WC0871498

scan to track sample ID or S/N:

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

KEEP FOR TRACKING THIS SAMPLE

scan to track sample



Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN: -

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE:

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

CHANGED: YES / NO SERVICED: YES / NO TOP OFF OIL AMOUNT: GAL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871506 to WC0871515



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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

WC0871509

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

WC0871514

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871516 to WC0871525



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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

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TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

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scan to track sample ID or S/N:

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

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TIME ON FILTER:

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Comments:

Add Tests:

1000-060

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scan to track sample
ID or S/N:

Sample Date:







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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

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TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

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Comments:

Add Tests:

1000-060

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

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scan to track sample
ID or S/N:

Sample Date:







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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

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Comments:

Add Tests:

1000-060

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

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scan to track sample
ID or S/N:

Sample Date:







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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US 4 9 4 0 4

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871526 to WC0871535

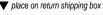


scan to track samples from this carton and/or to manage these sample kits





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





scan to track carton/samples Customer:

Shipped:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

WC0871526

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

WC0871527

1000-060

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

KEEP FOR TRACKING THIS SAMPLE

scan to track sample

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

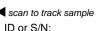
Add Tests:

WC0871530

1000-060

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

KEEP FOR TRACKING THIS SAMPLE



Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

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TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871536 to WC0871545



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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

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scan to track sample
ID or S/N:

Sample Date:







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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

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TIME ON UNIT:

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Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

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TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

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Sample Date:







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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

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TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871546 to WC0871555



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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

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Comments:

Add Tests:

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scan to track sample
ID or S/N:

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

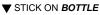
Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871556 to WC0871565



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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

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TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US 4 9 4 0 4

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871566 to WC0871575



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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

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TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

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TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

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scan to track sample ID or S/N:

Sample Date:







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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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Sample Date:







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TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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Sample Date:







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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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Sample Date:







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OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871576 to WC0871585



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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

KEEP FOR TRACKING THIS SAMPLE

■ 3774 ■ 244744 ■ 24474 24474 ■ 24474 ■ 24474 ■ 24474 ■ 24474 ■ 24474 ■ 24

scan to track sample
ID or S/N:

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

TIME ON OIL: _____

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

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scan to track sample ID or S/N:

Sample Date:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: _____ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other _____ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other _____

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SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:





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

Ship To: EDL NA Recips-Coopersville Coopersville Powerstation 15362 68th Avenue Coopersville, MI 49404 US

Carton Contents:



10 x Sample Bottles 10 x Sample Mailers 10 x Sample Information Forms (SIFs) SIF# WC0871586 to WC0871595



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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTB / PNT / QT

Comments:

Add Tests:

1000-060

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

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scan to track sample ID or S/N:

Sample Date:







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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other ____

TIME ON UNIT:

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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

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Add Tests:

1000-060

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

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Sample Date:







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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

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TIME ON UNIT:

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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

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ID or S/N:

Sample Date:







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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER:

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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

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scan to track sample
ID or S/N:

Sample Date:







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OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

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TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other

TIME ON UNIT:

TIME ON OIL:

TIME ON FILTER: _____

TOP OFF OIL AMOUNT: _____ GAL / LTR / PNT / QT

CHANGED: YES / NO SERVICED: YES / NO AL / LTR / PNT / QT

Comments:

Add Tests:

1000-060

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:







CUSTOMER CODE: EDLCOO EMAIL/ATTN:

▼ AFFIX MACHINE LABEL OR COMPLETE THIS INFORMATION

UNIT NUMBER: ______ COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Final Drive / Planetary / Tandem / Steering / Brake / Other LOCATION (Circle One): Front / Rear / Left / Right / Other ______ FUEL TYPE (Circle One): Diesel / Nat Gas / Gasoline / LPG / Other

OIL BRAND & GRADE: _____

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TIME UNITS: Hours / Kilometers / Miles / Other

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