



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

Ship To:

Cadence Petroleum
222 Industrial Drive
CHICKAMAUGA, GA 30707
US

3 0 7 0 7

Carton Contents:



12 x Sample Bottles
12 x Sample Mailers
12 x Sample Information Forms (SIFs)
SIF# WC0875652 to WC0875663



W C - P L A N T

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



CARTON ID
227510

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



◀ scan to track carton/samples

Customer:

Shipped:



ID# 227510

ID# 227510



WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ▶



WC0875652

WC sample kits will be replaced with unused kits if defective in manufacture, labeling, or packaging, or if lost by us or any associate company even though by negligence or other fault. WC shall not be liable or responsible for the future performance or failure of any engine, piece of equipment or material involved in any test or sample. The Company makes no warranties, representations, or guaranties with respect to the performance of any such engine, piece of equipment, or material.

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

CUSTOMER CODE: _____ *OR*

CUSTOMER: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL CODE: _____ ATTN: _____

UNIT ID: _____ S/N: _____

MAKE / MODEL: _____

Sample From:

<input type="checkbox"/> Refrigeration Comp.	<input type="checkbox"/> Rotary Compressor
<input type="checkbox"/> Screw Compressor	<input type="checkbox"/> Reciprocating Comp.
<input type="checkbox"/> Hydraulic System	<input type="checkbox"/> Other _____
<input type="checkbox"/> Circulating System	<input type="checkbox"/> Gearbox

FILTER RATING: _____ μm ISO TARGET CODE: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY CAPACITY: _____ L / Gal

TOTAL TIME ON UNIT: _____ hrs / days / mths / yrs

TIME ON OIL: _____ CHANGED: YES / NO / FILTERED

TIME ON FILTER: _____ SERVICED: YES / NO / CLEANED

Comments:

Add Tests: _____ 1000-250

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

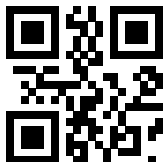
▼ **KEEP** FOR TRACKING THIS SAMPLE ▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date: _____

WC0875652



WC0875652



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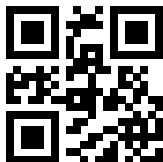
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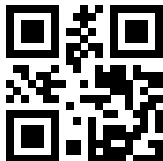
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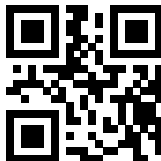
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ADDRESS: _____

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UNIT ID: _____ S/N: _____

MAKE / MODEL: _____

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<input type="checkbox"/> Screw Compressor	<input type="checkbox"/> Reciprocating Comp.
<input type="checkbox"/> Circulating System	<input type="checkbox"/> Gearbox
	<input type="checkbox"/> Hydraulic System
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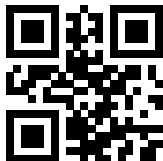
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WC0875656



WC0875656



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ADDRESS: _____

CITY: _____ STATE/PROV: _____

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UNIT ID: _____ S/N: _____

MAKE / MODEL: _____

Sample From:

<input type="checkbox"/> Refrigeration Comp.	<input type="checkbox"/> Rotary Compressor
<input type="checkbox"/> Screw Compressor	<input type="checkbox"/> Reciprocating Comp.
<input type="checkbox"/> Circulating System	<input type="checkbox"/> Gearbox
	<input type="checkbox"/> Hydraulic System
	<input type="checkbox"/> Other _____

FILTER RATING: _____ μm ISO TARGET CODE: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY CAPACITY: _____ L / Gal

TOTAL TIME ON UNIT: _____ hrs / days / mths / yrs

TIME ON OIL: _____ CHANGED: YES / NO / FILTERED

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Comments:

Add Tests: _____ 1000-250

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

▼ **KEEP** FOR TRACKING THIS SAMPLE

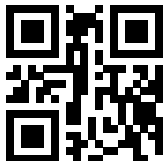
▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date: _____

WC0875657



WC0875657



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WC0875658

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CUSTOMER: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL CODE: _____ ATTN: _____

UNIT ID: _____ S/N: _____

MAKE / MODEL: _____

Sample From:

<input type="checkbox"/> Refrigeration Comp.	<input type="checkbox"/> Rotary Compressor
<input type="checkbox"/> Screw Compressor	<input type="checkbox"/> Reciprocating Comp.
<input type="checkbox"/> Circulating System	<input type="checkbox"/> Gearbox
	<input type="checkbox"/> Hydraulic System
	<input type="checkbox"/> Other _____

FILTER RATING: _____ μm ISO TARGET CODE: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY CAPACITY: _____ L / Gal

TOTAL TIME ON UNIT: _____ hrs / days / mths / yrs

TIME ON OIL: _____ CHANGED: YES / NO / FILTERED

TIME ON FILTER: _____ SERVICED: YES / NO / CLEANED

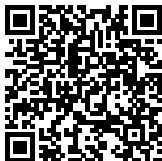
Comments:

Add Tests: _____ 1000-250

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

▼ **KEEP** FOR TRACKING THIS SAMPLE

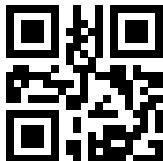
▼ **STICK ON BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date: _____

WC0875658



WC0875658



WEAR CHECK

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WC0875659

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CUSTOMER: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL CODE: _____ ATTN: _____

UNIT ID: _____ S/N: _____

MAKE / MODEL: _____

Sample From:

<input type="checkbox"/> Refrigeration Comp.	<input type="checkbox"/> Rotary Compressor
<input type="checkbox"/> Screw Compressor	<input type="checkbox"/> Reciprocating Comp.
<input type="checkbox"/> Circulating System	<input type="checkbox"/> Gearbox
	<input type="checkbox"/> Hydraulic System
	<input type="checkbox"/> Other _____

FILTER RATING: _____ μm ISO TARGET CODE: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY CAPACITY: _____ L / Gal

TOTAL TIME ON UNIT: _____ hrs / days / mths / yrs

TIME ON OIL: _____ CHANGED: YES / NO / FILTERED

TIME ON FILTER: _____ SERVICED: YES / NO / CLEANED

Comments:

Add Tests: _____ 1000-250

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

▼ **KEEP** FOR TRACKING THIS SAMPLE

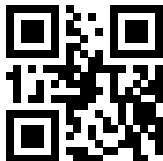
▼ **STICK ON BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date: _____

WC0875659



WC0875659



WEAR CHECK

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WC0875660

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CUSTOMER CODE: _____ **OR**

CUSTOMER: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL CODE: _____ ATTN: _____

UNIT ID: _____ S/N: _____

MAKE / MODEL: _____

Sample From:

<input type="checkbox"/> Refrigeration Comp.	<input type="checkbox"/> Rotary Compressor
<input type="checkbox"/> Screw Compressor	<input type="checkbox"/> Reciprocating Comp.
<input type="checkbox"/> Circulating System	<input type="checkbox"/> Gearbox
	<input type="checkbox"/> Hydraulic System
	<input type="checkbox"/> Other _____

FILTER RATING: _____ μm ISO TARGET CODE: _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY CAPACITY: _____ L / Gal

TOTAL TIME ON UNIT: _____ hrs / days / mths / yrs

TIME ON OIL: _____ CHANGED: YES / NO / FILTERED

TIME ON FILTER: _____ SERVICED: YES / NO / CLEANED

Comments:

Add Tests: _____ 1000-250

▲ 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: _____

WC0875660



WC0875660



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<input type="checkbox"/> Refrigeration Comp.	<input type="checkbox"/> Rotary Compressor
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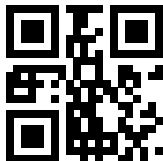
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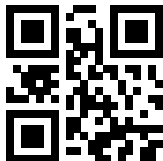
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