



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

**Ship To:**

Display Fixtures - Loblaws  
 14740-111 Avenue  
 Edmonton, AB T5M 2P5  
 CA



**Carton Contents:**



1 x Sample Bottles  
 1 x Sample Mailers  
 1 x Sample Information Forms (SIFs)  
 SIF# WC0881045 to WC0881045

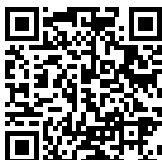


▼ scan to track samples from this carton and/or to manage these sample kits



**CARTON ID**  
**228715**

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



← scan to track carton/samples

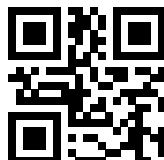
Customer:

\_\_\_\_\_

Shipped:

\_\_\_\_\_

**ID# 228715**



**ID# 228715**



# WEAR CHECK

SCAN TO COMPLETE **ON-LINE** ▶



## WC0881045

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.

CUSTOMER CODE: **DISEDM**

WORK ORDER NO.: \_\_\_\_\_

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

UNIT ID: \_\_\_\_\_ S/N: \_\_\_\_\_

MAKE / MODEL: \_\_\_\_\_

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

FILTER: Element / Depth / Offline / None      μm RATING: \_\_\_\_\_

OIL BRAND & GRADE: \_\_\_\_\_

SAMPLE DATE: MM/DD/YY      CAPACITY: \_\_\_\_\_ L / Gal

TOTAL TIME ON UNIT: \_\_\_\_\_ hrs / days / mths / yrs

TIME ON OIL: \_\_\_\_\_ CHANGED: YES / NO / FILTERED

TIME ON FILTER: \_\_\_\_\_ SERVICED: YES / NO / CLEANED

Comments:

Add Tests: \_\_\_\_\_ 1000-200

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

▼ **KEEP** FOR TRACKING THIS SAMPLE

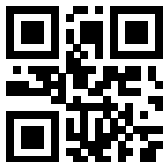
▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

\_\_\_\_\_ Sample Date: \_\_\_\_\_

## WC0881045



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