



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

Ship To:

ATLAS OIL COMPANY - KILGORE
 406 WOODLAWN ST
 KILGORE, TX 75662
 US

 7 5 6 6 2

Carton Contents:



10 x Sample Bottles
 10 x Sample Mailers
 10 x Sample Information Forms (SIFs)
 SIF# AO0000392 to AO0000401



A O - F L E E T

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



CARTON ID
235293

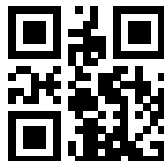
▼ keep for your records * THESE LABELS PEEL OFF * ▼ place on return shipping box



← scan to track carton/samples

Customer:

Shipped:



ID# 235293

ID# 235293



SCAN TO COMPLETE **ON-LINE** ▶



AO0000392

AO 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. AO 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**

DISTRIBUTOR: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____ Serial No.: _____

MAKE: _____ MODEL: _____

Sample From: Final Drive Transmission

Diesel Engine Differential New (Unused) Oil

Natural Gas Engine Gearbox Pump Drive

Engine (fuel _____) Swing Drive Axle

Hydraulic System Tandem Other _____

Location: Front Rear Left Right Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments: _____

Add Tests: _____ 1000-059

▲ 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: _____

AO0000392



AO0000392



SCAN TO COMPLETE **ON-LINE** ▶



AO0000393

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

DISTRIBUTOR: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____ Serial No.: _____

MAKE: _____ MODEL: _____

Sample From:

<input type="checkbox"/> Diesel Engine	<input type="checkbox"/> Final Drive	<input type="checkbox"/> Transmission
<input type="checkbox"/> Natural Gas Engine	<input type="checkbox"/> Differential	<input type="checkbox"/> New (Unused) Oil
<input type="checkbox"/> Engine (fuel _____)	<input type="checkbox"/> Gearbox	<input type="checkbox"/> Pump Drive
<input type="checkbox"/> Hydraulic System	<input type="checkbox"/> Swing Drive	<input type="checkbox"/> Axle
	<input type="checkbox"/> Tandem	<input type="checkbox"/> Other _____

Location: Front Rear Left Right Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments: _____

Add Tests: _____ 1000-059

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

▼ **KEEP** FOR TRACKING THIS SAMPLE

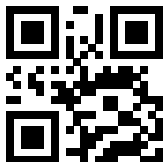
▼ **STICK ON BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:

AO0000393



AO0000393



SCAN TO COMPLETE **ON-LINE** ▶



AO0000394

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

DISTRIBUTOR: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____ Serial No.: _____

MAKE: _____ MODEL: _____

Sample From:

<input type="checkbox"/> Diesel Engine	<input type="checkbox"/> Final Drive	<input type="checkbox"/> Transmission
<input type="checkbox"/> Natural Gas Engine	<input type="checkbox"/> Differential	<input type="checkbox"/> New (Unused) Oil
<input type="checkbox"/> Engine (fuel _____)	<input type="checkbox"/> Gearbox	<input type="checkbox"/> Pump Drive
<input type="checkbox"/> Hydraulic System	<input type="checkbox"/> Swing Drive	<input type="checkbox"/> Axle
	<input type="checkbox"/> Tandem	<input type="checkbox"/> Other _____

Location: Front Rear Left Right Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments: _____

Add Tests: _____ 1000-059

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

▼ **KEEP** FOR TRACKING THIS SAMPLE

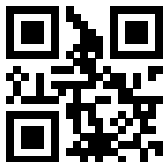
▼ **STICK ON BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date: _____

AO0000394



AO0000394



SCAN TO COMPLETE **ON-LINE** ▶



AO0000395

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

DISTRIBUTOR: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____ Serial No.: _____

MAKE: _____ MODEL: _____

Sample From:

<input type="checkbox"/> Diesel Engine	<input type="checkbox"/> Final Drive	<input type="checkbox"/> Transmission
<input type="checkbox"/> Natural Gas Engine	<input type="checkbox"/> Differential	<input type="checkbox"/> New (Unused) Oil
<input type="checkbox"/> Engine (fuel _____)	<input type="checkbox"/> Gearbox	<input type="checkbox"/> Pump Drive
<input type="checkbox"/> Hydraulic System	<input type="checkbox"/> Swing Drive	<input type="checkbox"/> Axle
	<input type="checkbox"/> Tandem	<input type="checkbox"/> Other _____

Location: Front Rear Left Right Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments: _____

Add Tests: _____ 1000-059

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

▼ **KEEP** FOR TRACKING THIS SAMPLE

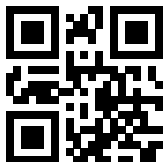
▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date: _____

AO0000395



AO0000395



SCAN TO COMPLETE **ON-LINE** ▶



AO0000396

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

DISTRIBUTOR: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____ Serial No.: _____

MAKE: _____ MODEL: _____

Sample From: Final Drive Transmission

Diesel Engine Differential New (Unused) Oil

Natural Gas Engine Gearbox Pump Drive

Engine (fuel _____) Swing Drive Axle

Hydraulic System Tandem Other _____

Location: Front Rear Left Right Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments: _____

Add Tests: _____ 1000-059

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

▼ **KEEP** FOR TRACKING THIS SAMPLE

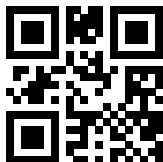
▼ **STICK ON BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date: _____

AO0000396



AO0000396



SCAN TO COMPLETE **ON-LINE** ▶



AO0000397

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

DISTRIBUTOR: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____ Serial No.: _____

MAKE: _____ MODEL: _____

Sample From:

<input type="checkbox"/> Diesel Engine	<input type="checkbox"/> Final Drive	<input type="checkbox"/> Transmission
<input type="checkbox"/> Natural Gas Engine	<input type="checkbox"/> Differential	<input type="checkbox"/> New (Unused) Oil
<input type="checkbox"/> Engine (fuel _____)	<input type="checkbox"/> Gearbox	<input type="checkbox"/> Pump Drive
<input type="checkbox"/> Hydraulic System	<input type="checkbox"/> Swing Drive	<input type="checkbox"/> Axle
	<input type="checkbox"/> Tandem	<input type="checkbox"/> Other _____

Location: Front Rear Left Right Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments: _____

Add Tests: _____ 1000-059

▲ 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: _____

AO0000397



AO0000397



SCAN TO COMPLETE **ON-LINE** ▶



AO0000398

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DISTRIBUTOR: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____ Serial No.: _____

MAKE: _____ MODEL: _____

Sample From: Final Drive Transmission

Diesel Engine Differential New (Unused) Oil

Natural Gas Engine Gearbox Pump Drive

Engine (fuel _____) Swing Drive Axle

Hydraulic System Tandem Other _____

Location: Front Rear Left Right Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments: _____

Add Tests: _____ 1000-059

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

▼ **KEEP** FOR TRACKING THIS SAMPLE

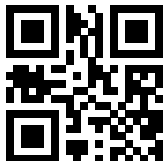
▼ **STICK ON BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date: _____

AO0000398



AO0000398



SCAN TO COMPLETE **ON-LINE** ▶



AO0000399

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

DISTRIBUTOR: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____ Serial No.: _____

MAKE: _____ MODEL: _____

Sample From: Final Drive Transmission

Diesel Engine Differential New (Unused) Oil

Natural Gas Engine Gearbox Pump Drive

Engine (fuel _____) Swing Drive Axle

Hydraulic System Tandem Other _____

Location: Front Rear Left Right Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM / DD / YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments: _____

Add Tests: _____ 1000-059

▲ 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: _____

AO0000399



AO0000399



SCAN TO COMPLETE **ON-LINE** ▶



AO0000400

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

DISTRIBUTOR: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____ Serial No.: _____

MAKE: _____ MODEL: _____

Sample From:

<input type="checkbox"/> Diesel Engine	<input type="checkbox"/> Final Drive	<input type="checkbox"/> Transmission
<input type="checkbox"/> Natural Gas Engine	<input type="checkbox"/> Differential	<input type="checkbox"/> New (Unused) Oil
<input type="checkbox"/> Engine (fuel _____)	<input type="checkbox"/> Gearbox	<input type="checkbox"/> Pump Drive
<input type="checkbox"/> Hydraulic System	<input type="checkbox"/> Swing Drive	<input type="checkbox"/> Axle
	<input type="checkbox"/> Tandem	<input type="checkbox"/> Other _____

Location: Front Rear Left Right Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments: _____

Add Tests: _____ 1000-059

▲ 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: _____

AO0000400



AO0000400



SCAN TO COMPLETE **ON-LINE** ▶



AO0000401

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

DISTRIBUTOR: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL: _____ PHONE: _____

EMAIL/ATTN: _____

UNIT No.: _____ Serial No.: _____

MAKE: _____ MODEL: _____

Sample From: Final Drive Transmission

Diesel Engine Differential New (Unused) Oil

Natural Gas Engine Gearbox Pump Drive

Engine (fuel _____) Swing Drive Axle

Hydraulic System Tandem Other _____

Location: Front Rear Left Right Other _____

OIL BRAND & GRADE: _____

SAMPLE DATE: MM/DD/YY

TIME UNITS: Hours / Kilometers / Miles / Other _____

TIME ON UNIT: _____

TIME ON OIL: _____

CHANGED: YES / NO

TIME ON FILTER: _____

SERVICED: YES / NO

Comments: _____

Add Tests: _____ 1000-059

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

▼ **KEEP** FOR TRACKING THIS SAMPLE

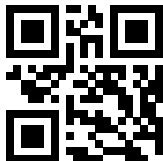
▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date: _____

AO0000401



AO0000401