



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

Ship To:

COLE OIL AND PROPANE
265 FOREST AVE
FOND DU LAC, WI 54935
US

.....
5 4 9 3 5

Carton Contents:



10 x Sample Bottles
10 x Sample Mailers
10 x Sample Information Forms (SIFs)
SIF# PCA0119646 to PCA0119655



P C A - M O B - 1

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



CARTON ID
239379

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



◀ scan to track carton/samples

Customer: _____

Shipped: _____

ID# 239379



ID# 239379



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119646

PCA 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. PCA 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**

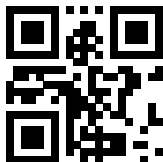
▼ **STICK ON BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:

PCA0119646



PCA0119646



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119647

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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

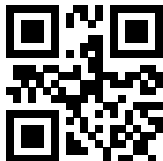
▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:

PCA0119647



PCA0119647



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119648

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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

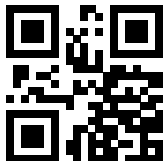
▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:

PCA0119648



PCA0119648



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119649

PCA 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. PCA 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:

<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**

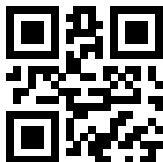


◀ scan to track sample

ID or S/N:

Sample Date:

PCA0119649



PCA0119649



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119650

PCA 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. PCA 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:

<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**

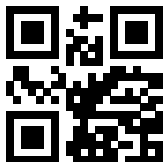
▼ **STICK ON BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:

PCA0119650



PCA0119650



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119651

PCA 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. PCA 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:

<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**

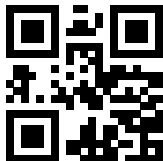


◀ scan to track sample

ID or S/N:

Sample Date:

PCA0119651



PCA0119651



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119652

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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

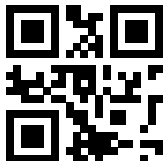
▼ **STICK ON BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:

PCA0119652



PCA0119652



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119653

PCA 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. PCA 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:

<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

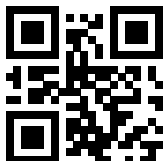
▼ **STICK ON BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:

PCA0119653



PCA0119653



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119654

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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:

PCA0119654



PCA0119654



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119655

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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

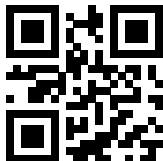
▼ STICK ON **BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:

PCA0119655



PCA0119655



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

Ship To:

COLE OIL AND PROPANE
265 FOREST AVE
FOND DU LAC, WI 54935
US

5-----4-----9-----3-----5

Carton Contents:



10 x Sample Bottles
10 x Sample Mailers
10 x Sample Information Forms (SIFs)
SIF# PCA0119656 to PCA0119665



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



CARTON ID
239380

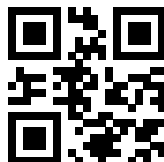
▼ keep for your records * THESE LABELS PEEL OFF * ▼ place on return shipping box



◀ scan to track carton/samples

Customer:

Shipped:



ID# 239380

ID# 239380



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119656

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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

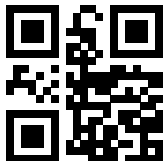
▼ **STICK ON BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:

PCA0119656



PCA0119656



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119657

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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**

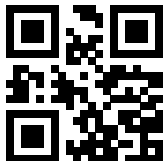


◀ scan to track sample

ID or S/N:

Sample Date:

PCA0119657



PCA0119657



LUBE **360**™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119658

PCA 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. PCA 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

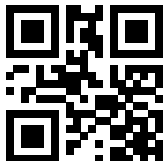
▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:

PCA0119658



PCA0119658



LUBE 360™ OIL DIAGNOSTICS

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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**

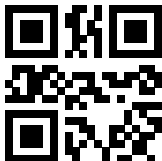


◀ scan to track sample

ID or S/N:

Sample Date:

PCA0119659



PCA0119659



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PCA0119660

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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

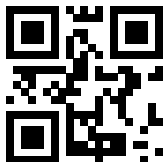
▼ **STICK ON BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:

PCA0119660



PCA0119660



LUBE 360™ OIL DIAGNOSTICS

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PCA0119661

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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

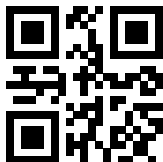
▼ **STICK ON BOTTLE**



◀ scan to track sample
ID or S/N:

Sample Date:

PCA0119661



PCA0119661



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119662

PCA 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. PCA 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:

<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

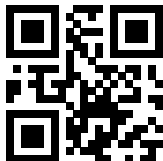
▼ STICK ON **BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:

PCA0119662



PCA0119662



LUBE **360**™ OIL DIAGNOSTICS

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PCA0119663

PCA 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. PCA 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:

<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:

PCA0119663



PCA0119663



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119664

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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:

PCA0119664



PCA0119664



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0119665

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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**

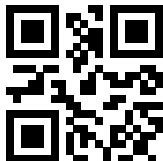
▼ **STICK ON BOTTLE**



◀ scan to track sample ID or S/N:

Sample Date:

PCA0119665



PCA0119665