

Laboratory:

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

Carton Contents:



20 x Sample Bottles

20 x Sample Mailers

20 x Sample Information Forms (SIFs)

SIF# WC0941707 to WC0941726



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



CARTON ID **249319**

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



scan to track carton/samples Customer:

Shipped:

ID# 249319





r packaging, shall not be sent or

WC0941707

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 event though by negligence or other fault. WC shall not be labeled or esponsible for the fluture performance or failure of any engine, piece of explainet or slabeled or expossible for the fluture performance or failure of any engine, piece of explainets, or guaranties with report to the performance of any such engine, piece of explainet, or material.

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COMPANY:		
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UNIT NUMBER:		
MAKE:	MODEL:	
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▼ AFFIX MACHINE LABEL <i>OR</i> COMPLETI	
COMPANY:	
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UNIT NUMBER:	
MAKE:MODEL:	
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LOCATION (Circle One): Left / Right / Front /	Rear / Other
OIL BRAND & GRADE: SAMPLE DATE: MM / DD / YY TIME UNITS: Hours / Kilometers / Miles / Oth TIME ON UNIT:	ner
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Sample Date:





SCAN TO COMPLETE ON-LINE

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▼ AFFIX MACHINE	LABEL OR COMPLETE	THIS INFORMATION
COMPANY:		
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CITY:	STATE	E/PROV:
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UNIT NUMBER:		
MAKE:	MODEL:	
COMPONENT (Circ	cle One): Engine / Transm	nission / Power Take Off
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COMPANY:	
ADDRESS:	
CITY:	
ZIP/POSTAL:	PHONE:
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ID or S/N:

Sample Date:





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AFFIX MACHINE LABEL **OR** COMPLETE THIS INFORMATION COMPANY: ADDRESS: STATE/PROV: CITY: ZIP/POSTAL: PHONE:_____ FMAII /ATTN: UNIT NUMBER: MODEL: MAKE: COMPONENT (Circle One): Engine / Transmission / Power Take Off Hydrostatic / Hydraulic System / Gearbox / Swing Drive / Differential Other LOCATION (Circle One): Left / Right / Front / Rear / Other _____ OIL BRAND & GRADE: SAMPLE DATE: MM / DD / YY TIME UNITS: Hours / Kilometers / Miles / Other TIME ON UNIT: _____ TIME ON OIL: CHANGED: YES / NO SERVICED: YES / NO TIME ON FILTER: Comments: Add Tests: 1000-050

▲ 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:





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SCAN TO COMPLETE ON-LINE

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▼ AFFIX MACHINE LABEL (OR COMPLETE THIS INFORMATION
COMPANY:	
ADDRESS:	
CITY:	STATE/PROV:
ZIP/POSTAL:	PHONE:
EMAIL/ATTN:	
UNIT NUMBER:	
MAKE:	MODEL:
	Engine / Transmission / Power Take Off n / Gearbox / Swing Drive / Differential
LOCATION (Circle One): Left	/ Right / Front / Rear / Other
SAMPLE DATE: MM / DD / YTIME UNITS: Hours / Kilomete	ers / Miles / Other
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Sample Date:





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▼ AFFIX MACHINE LABEL <i>OR</i> CO	
COMPANY:	
ADDRESS:	
CITY:	STATE/PROV:
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MAKE: MODE	L:
COMPONENT (Circle One): Engine / Hydrostatic / Hydraulic System / Gea Other	Transmission / Power Take Off
LOCATION (Circle One): Left / Right	/ Front / Rear / Other
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scan to track sample

ID or S/N:

Sample Date:





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▼ AFFIX MACHINE LABEL <i>OR</i> C	
COMPANY:	
ADDRESS:	
CITY:	_ STATE/PROV:
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EMAIL/ATTN:	
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COMPONENT (Circle One): Engine	e / Transmission / Power Take Off
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UNIT NUMBER:	
UNIT NUMBER: MODEL:	
COMPONENT (Circle One): Engine / Trans	
Hydrostatic / Hydraulic System / Gearbox / Other	Swing Drive / Differential
LOCATION (Circle One): Left / Right / Fron	t / Rear / Other
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