



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

Ship To:

YVETTE TRZCINSKI
850 WESTBROOKE PKWY
WAUKESHA, WI 53186
US

5 3 1 8 6

Carton Contents:



2 x Sample Bottles
2 x Sample Mailers
2 x Sample Information Forms (SIFs)
SIF# PCA0129208 to PCA0129209



P C A - G R S - 1

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



CARTON ID
256029

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



◀ scan to track carton/samples

Customer:

Shipped:



ID# 256029

ID# 256029



LUBE 360™ OIL DIAGNOSTICS

SCAN TO COMPLETE **ON-LINE** ▶



PCA0129208

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**

CUSTOMER CODE: _____ **OR**

CUSTOMER: _____

ADDRESS: _____

CITY: _____ STATE/PROV: _____

ZIP/POSTAL CODE: _____ ATTN: _____

UNIT ID: _____ S/N: _____

MAKE / MODEL: _____

Sample From:

Refrigeration Comp. Rotary Compressor

Screw Compressor Reciprocating Comp. Hydraulic System

Circulating System Gearbox 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:

PCA0129208



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PCA0129209

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▼ **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"/> 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

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ID or S/N:

Sample Date:

PCA0129209



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