

Fluid Life Sample Cards

Completion Procedures

Please complete all sampling cards returned with samples as completely as possible. If the information is complete, your sample will be processed in the shortest amount of time. Sample cards that lack proper referencing information may be subject to delays until the required information has been obtained from the customer.

For first time samples taken from a component(testing unit), the following information is essential:

- Complete name and address including contact information.
- Unit Number--this number must remain consistent for subsequent samples.
- Component type--must remain consistent if using "other" field.
- Oil type including brand, grade and manufacturer.
- The number of hours, months, kilometers or miles the oil has been used.
- The total number of hours, months, kilometers, or miles the component has been used.
- Was the oil changed? Yes or No?


Common sample card errors:

1. Unit number is often misnamed or renamed.
2. Information essential for referencing the samples is not completed.

All samples must have at least the following 3 clearly printed on every sample card submitted to The Fluid Life Corporation.

- Unit Number
- Component Type
- Site Location
- *Please supply the serial number of the component whenever possible.*

Essential information required in the grey fields.

 Fluid Life TOLL FREE: (877) 962-2400 Edmonton PHONE: (780) 962-2400 Edmonton PHONE: (519) 720-9700 Brantford	COMPLETE SAMPLE INFORMATION IS REQUIRED FOR ACCURATE INTERPRETATION OF RESULTS																															
	SITE LOCATION: _____ COMPONENT MANUFACTURER: _____		UNIT #: _____ SERIAL #: _____ MODEL #: _____																													
RETURN WHITE COPY WITH SAMPLE TIGHTEN JAR LID SECURELY		HR/MO/KM/MI ON COMPONENT: _____ ON OIL: _____ OIL MAKE: _____ OIL BRAND: _____ OIL GRADE: _____																														
SAMPLE DATE: _____		WAS OIL CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO																														
COMPANY: _____		AMOUNT MAKEUP OIL ADDED: _____ CAPACITY OF OIL SYSTEM: _____ <input type="checkbox"/> L. <input type="checkbox"/> GAL.																														
CONTACT: _____		RECENT REPAIRS: _____																														
ADDRESS: _____		<table border="1"> <thead> <tr> <th>COMPONENT:</th> <th>FUEL:</th> <th>POWER TYPE:</th> <th>COOLANT:</th> <th>LOCATION: (Multiple choices may be used in this area)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> ENGINE <input type="checkbox"/> TURBINE</td> <td><input type="checkbox"/> DIESEL <input type="checkbox"/> STEAM</td> <td><input type="checkbox"/> GLYCOL</td> <td><input type="checkbox"/> MAIN <input type="checkbox"/> UPPER <input type="checkbox"/> NORTH <input type="checkbox"/> INNER/INBOARD</td> </tr> <tr> <td><input type="checkbox"/> COMPRESSOR <input type="checkbox"/> BEARING CASE</td> <td><input type="checkbox"/> GASOLINE <input type="checkbox"/> ELECTRIC</td> <td><input type="checkbox"/> DOWTHERM</td> <td><input type="checkbox"/> AUXILIARY <input type="checkbox"/> LOWER <input type="checkbox"/> SOUTH <input type="checkbox"/> OUTER/OUTBOARD</td> </tr> <tr> <td><input type="checkbox"/> HYDRAULICS <input type="checkbox"/> WHEEL MOTOR</td> <td><input type="checkbox"/> PROPANE <input type="checkbox"/> MECHANICAL</td> <td><input type="checkbox"/> WATER</td> <td><input type="checkbox"/> FRONT <input type="checkbox"/> TOP <input type="checkbox"/> EAST <input type="checkbox"/> LEFT/PORT</td> </tr> <tr> <td><input type="checkbox"/> HYDROSTATIC TRANSMISSION</td> <td><input type="checkbox"/> CNG <input type="checkbox"/> FLUID</td> <td><input type="checkbox"/> AIR</td> <td><input type="checkbox"/> REAR <input type="checkbox"/> CENTER <input type="checkbox"/> WEST <input type="checkbox"/> RIGHT/STARBOARD</td> </tr> <tr> <td><input type="checkbox"/> MANUAL TRANSMISSION</td> <td><input type="checkbox"/> OTHER</td> <td><input type="checkbox"/> OTHER</td> <td><input type="checkbox"/> RESERVOIR <input type="checkbox"/> BOTTOM <input type="checkbox"/> IN LINE <input type="checkbox"/> AFTER FILTERS</td> </tr> <tr> <td><input type="checkbox"/> OTHER</td> <td></td> <td></td> <td><input type="checkbox"/> OTHER _____ <input type="checkbox"/> BEFORE FILTERS</td> </tr> </tbody> </table>		COMPONENT:	FUEL:	POWER TYPE:	COOLANT:	LOCATION: (Multiple choices may be used in this area)	<input type="checkbox"/> ENGINE <input type="checkbox"/> TURBINE	<input type="checkbox"/> DIESEL <input type="checkbox"/> STEAM	<input type="checkbox"/> GLYCOL	<input type="checkbox"/> MAIN <input type="checkbox"/> UPPER <input type="checkbox"/> NORTH <input type="checkbox"/> INNER/INBOARD	<input type="checkbox"/> COMPRESSOR <input type="checkbox"/> BEARING CASE	<input type="checkbox"/> GASOLINE <input type="checkbox"/> ELECTRIC	<input type="checkbox"/> DOWTHERM	<input type="checkbox"/> AUXILIARY <input type="checkbox"/> LOWER <input type="checkbox"/> SOUTH <input type="checkbox"/> OUTER/OUTBOARD	<input type="checkbox"/> HYDRAULICS <input type="checkbox"/> WHEEL MOTOR	<input type="checkbox"/> PROPANE <input type="checkbox"/> MECHANICAL	<input type="checkbox"/> WATER	<input type="checkbox"/> FRONT <input type="checkbox"/> TOP <input type="checkbox"/> EAST <input type="checkbox"/> LEFT/PORT	<input type="checkbox"/> HYDROSTATIC TRANSMISSION	<input type="checkbox"/> CNG <input type="checkbox"/> FLUID	<input type="checkbox"/> AIR	<input type="checkbox"/> REAR <input type="checkbox"/> CENTER <input type="checkbox"/> WEST <input type="checkbox"/> RIGHT/STARBOARD	<input type="checkbox"/> MANUAL TRANSMISSION	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> RESERVOIR <input type="checkbox"/> BOTTOM <input type="checkbox"/> IN LINE <input type="checkbox"/> AFTER FILTERS	<input type="checkbox"/> OTHER			<input type="checkbox"/> OTHER _____ <input type="checkbox"/> BEFORE FILTERS
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PROVINCE: _____ POSTAL CODE: _____		IF EXTRA TESTS REQUIRED ENCLOSE ORDER FORM																														
PHONE:() _____																																
FAX:() _____																																
GEAR BOX <input type="checkbox"/> Describe type: _____																																

Date sample was taken. Initials of the person taking the sample are also helpful.

Specific unit number necessary for referencing in database.

Detailed information on the site where the unit is located.

Specify months, kilometers or miles of total usage on the particular component(engine, transmission, compressor etc).

Specify months, kilometers or miles of total usage on the lubricant being tested.

Manufacturer of the component. Check on the component itself or check ownership documentation.

Serial number of the component should appear on the component or in the ownership documentation extremely important for referencing your sample.

Check on the component itself or the ownership documentation for the model number of the component.

May be single grade or multigrade depending on what component is being sampled.

Litres or gallons--please use the same choice on all fields that ask for it.

Clearly indicate the kind of oil you are using in the component be as specific as possible.

Based on manufacturer's specifications indicate the full oil capacity of the component.

Who made the lubricant?

List coolant for the component where applicable.

Amount of lubricant added since last oil change to bring fluid to a satisfactory level.

Area and or description location of the component where the sampling took place.

Was the sample taken previous to the component's oil being changed for new oil.

Complete address information including contact name is important on every sample card.

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COMPLETE SAMPLE INFORMATION IS REQUIRED FOR ACCURATE INTERPRETATION OF RESULTS

RETURN WHITE COPY WITH SAMPLE
 TIGHTEN JAR LID SECURELY

SAMPLE DATE: August 27, 2006

COMPANY: Smith's Trucking
 CONTACT: Allan Johnson
 ADDRESS: 2497 - 58 Street
 CITY: Ajax
 PROVINCE: Ontario POSTAL CODE: N9P 4T7
 PHONE: (568) 987-2471
 FAX: (568) 987-2470

SITE LOCATION: 56-98-546 7SE
 COMPONENT MANUFACTURER: Acme Motors

UNIT #: 587 SERIAL #: 9477N-222-7E49 MODEL #: 5488

HR/MO(KM)MI ON COMPONENT: 40,000 ON OIL: 5000 OIL MAKE: Ultra-Lube OIL BRAND: XHD OIL GRADE: 15w-40

WAS OIL CHANGED? YES NO AMOUNT MAKEUP OIL ADDED: 1 Litre CAPACITY OF OIL SYSTEM: 7.5 L L GAL.

RECENT REPAIRS: none

COMPONENT:	FUEL:	POWER TYPE:	COOLANT:	LOCATION: (Multiple choices may be used in this area)
<input checked="" type="checkbox"/> ENGINE	<input checked="" type="checkbox"/> DIESEL	<input type="checkbox"/> STEAM	<input checked="" type="checkbox"/> GLYCOL	<input checked="" type="checkbox"/> MAIN
<input type="checkbox"/> COMPRESSOR	<input type="checkbox"/> GASOLINE	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> DOWTHERM	<input type="checkbox"/> UPPER
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<input type="checkbox"/> MANUAL TRANSMISSION	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> LOWER
<input type="checkbox"/> OTHER				<input type="checkbox"/> SOUTH
				<input type="checkbox"/> OUTER/BOARD
				<input type="checkbox"/> FRONT
				<input type="checkbox"/> TOP
				<input type="checkbox"/> EAST
				<input type="checkbox"/> LEFT/PORT
				<input type="checkbox"/> REAR
				<input type="checkbox"/> CENTER
				<input type="checkbox"/> WEST
				<input type="checkbox"/> RIGHT/STARBOARD
				<input type="checkbox"/> RESERVOIR
				<input type="checkbox"/> BOTTOM
				<input type="checkbox"/> IN LINE
				<input type="checkbox"/> AFTER FILTERS
				<input type="checkbox"/> OTHER
				<input type="checkbox"/> BEFORE FILTERS

IF EXTRA TESTS REQUIRED ENCLOSE ORDER FORM

What component are you sampling? If it is not listed please write in "other" space.

What type of fuel is used to power the component?

What repairs have been done recently that would effect the sampling results.

Was the sample taken previous to the component's oil being changed for new oil.

Complete address information including contact name is important on every sample card.