

SAMPLE DATA SHEET

CUSTOMER DETAILS	
Billing Company Name	
Billing Address & State	
Site Name & Site State	
Sender Name	
Sender Phone No	

EQUIPMENT DETAILS	
Equipment Make	
Equipment Model	
Equipment Sr. No.	
Equipment ID. No.	
Type of Sample	
Equipment Running Hours (HMR)	
Type of Usage of Equipment	

FLUID DETAILS	
Brand Name	
Grade & Performance	
Oil Running Hours Since Last Oil Change (Lube Hrs.)	
Oil Top up Between Previous and Current Oil Change (in Ltrs.)	
Sump Capacity	
Date of Sample Taken	
Sampling Point	

Sampling From : <input type="checkbox"/> Engine, <input type="checkbox"/> Transmission, <input type="checkbox"/> Hydraulic, <input type="checkbox"/> Front Axle, <input type="checkbox"/> Rear Axle, <input type="checkbox"/> Compressor, <input type="checkbox"/> Fuel, <input type="checkbox"/> Coolant, <input type="checkbox"/> Other : _____
Reason of Sending the Sample : _____

Note : Please enclose this sample Data sheet in core of the sample

