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LABELS WITH INSUFFICIENT DATA WILL NOT BE PROCESSED

ALL BOXES WITH * MUST BE FILLED IN

FRM 0300

LAB USE ONLY

CONTACT INFORMATION	EQUIPMENT INFORMATION	FLUID INFORMATION	COMPARTMENT INFORMATION
*Machine Owner: <u>SLATE</u> <u>ROCK & GRAVEL CO.</u> *Address: <u>222 ROCKY</u> <u>WAY</u> <u>BEDROCK 7077</u> Servicing Company: _____ *Contact Person: <u>FRED</u> <u>FLINTSTONE</u> *Telephone: <u>021 166 222</u> *Contact Email (for report): <u>FRED@SLATEROCKGRAVEL.COM</u>	*Serial No./Name: _____ <u>SRG0012</u> Unit No: <u>#2</u> Rego No: <u>9LT001</u> *Make: <u>FLINT MOBILE</u> *Model: <u>BRONTO</u> Machine Location: _____ *Sample Date: <u>12/12/2020</u> Job No: <u>WO-12345</u>	*Fluid Brand: <u>ROCK STONE</u> *Fluid Type: <u>GO GO JUICE</u> *Fluid Grade: <u>15W-40</u> *Machine: <input type="checkbox"/> Hrs _____ or <input type="checkbox"/> Kms. <u>16580</u> *Oil: <input type="checkbox"/> Hrs _____ or <input type="checkbox"/> Kms. <u>16080</u> *Top Up Oil: <u>0</u> Lts *Changed Oil: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *Changed Filter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *Filtered Compartment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *Contains Ammonia: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Tick as applicable <input type="checkbox"/> Hydraulic <input type="checkbox"/> Right <input type="checkbox"/> Steering <input type="checkbox"/> Left <input type="checkbox"/> Transmission <input type="checkbox"/> Front <input type="checkbox"/> Gearbox <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Engine <input type="checkbox"/> Centre <input type="checkbox"/> Final Drive <input type="checkbox"/> Auxiliary <input type="checkbox"/> Tandem Drive <input type="checkbox"/> Top <input type="checkbox"/> Differential <input type="checkbox"/> Bottom <input type="checkbox"/> Swing Drive <input type="checkbox"/> Port <input type="checkbox"/> Pump Drive <input type="checkbox"/> Starboard <input type="checkbox"/> Grease <input type="checkbox"/> Coolant <input type="checkbox"/> Air Compressor <input type="checkbox"/> Refrigeration Compressor <input type="checkbox"/> Other _____
General Comments: _____			

NON STANDARD TEST TYPE**
 UOF**
 9C1054
 FILTER**
 9C1052
 DIESEL**
 9C1011/ 9C1014
 PARTICLE
 COUNT ONLY**
 9C1041
 ** (Please ensure you have purchased the correct kit)**

Please turn over for extra space for comments

Do you find filling in labels a hassle? Samples can be quickly and easily registered online and your details stored to make future samples even easier. Save yourself time and do it today - www.oillab.co.nz or phone 0800 OIL LAB (0800 645 522) if you require assistance.

URGENT Extra charge applies for all urgent samples.
 Please provide Purchase Order Number:- _____

FUEL TYPE
 DIESEL
 GAS
 PETROL

TRUCK ENGINES

TOTAL LITRE FUEL _____
 TOTAL HOURS _____