

FLUID LIFE

EQUIPMENT RELIABILITY SERVICES

CUSTOMER: _____

UNIT #: _____

COMPONENT: _____

LOCATION: _____

SAMPLE DATE: _____

PLEASE RETAIN THIS PORTION OF THE SLIP FOR RECORD OF SAMPLE

CUSTOMER CARE GROUP:

TOLL FREE 877.962.2400 www.fluidlife.com

TRACKING #

FLUID LIFE

EQUIPMENT RELIABILITY SERVICES

SAMPLE DATE: _____

COMPANY: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____

PROV/STATE: ____ POSTAL/ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

PLEASE INCLUDE SAMPLE CARD INFORMATION WITH YOUR SAMPLE

TRACKING #

LAB USE ONLY

FUEL SAMPLE INFORMATION

EQUIPMENT INFORMATION

UNIT/LOT/BATCH #: _____

SAMPLE LOCATION: _____

UNIT MAKE: _____

UNIT MODEL #: _____

UNIT SERIAL #: _____

FUEL INFORMATION

FUEL TYPE: ☐ SUMMER GRADE DIESEL
☐ WINTER GRADE DIESEL

COMMENTS

COMPLETE SAMPLE INFORMATION IS REQUIRED FOR ACCURATE INTERPRETATION OF RESULTS
IMPORTANT: SHIP TO 4371 SAVARYN DRIVE SW, EDMONTON, AB T6X 2E8. GROUND COURIER ONLY.