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: _____

ADDRESS: _____

CITY: _____

PROV/STATE: ___ POSTAL/ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

PLEASE INCLUDE SAMPLE CARD INFORMATION WITH YOUR SAMPLE

TRACKING #

LAB USE ONLY

EQUIPMENT DATA

UNIT #: _____

SAMPLE LOCATION: _____

MAKE: _____

MODEL #: _____

SERIAL #: _____

COMPONENT #s: _____

COOLANT DATA

COOLANT TYPE: ☐ ETHYLENE ☐ PROPYLENE

COOLANT HOURS: _____

COOLANT BRAND: _____

☐ CONVENTIONAL ☐ O.A.T.* ☐ ELC ☐ HYBRID

SUPPLEMENTARY ADDITIVES: ☐ YES ☐ NO

WAS COOLANT CHANGED: ☐ YES ☐ NO

*O.A.T. ORGANIC ACID TECHNOLOGY

COMMENTS

_____

_____

_____

COMPLETE SAMPLE INFORMATION IS REQUIRED FOR ACCURATE INTERPRETATION OF RESULTS