

## **Effects of not supplying accurate oil label information**

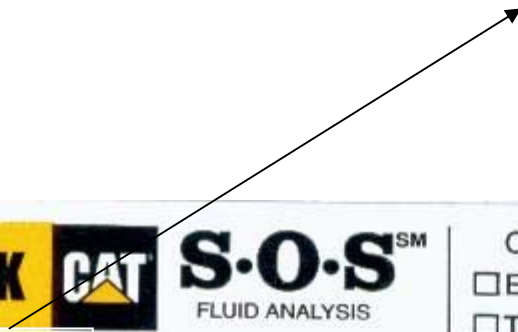
Absent information (serial number, model, make, component/oil weight, service hrs/kms) inhibits evaluation, and can reduce quality of report history and Interpretation.



Replacement of component or individual parts  
Can significantly modify any pre-existing wear trend.

Changing oil/filters can also influence evaluation of analysis results.



At the end of the day you want the best information available, not just test results.

WRITE LEGIBLE. ENTER CUSTOMER NAME



  <b>S.O.S</b> <sup>SM</sup> FLUID ANALYSIS		<b>COMPARTMENT</b> <input type="checkbox"/> ENGINE <input type="checkbox"/> TRANSMISSION <input type="checkbox"/> FINAL DRIVE <input type="checkbox"/> DIFFERENTIAL <input type="checkbox"/> HYDRAULIC SYS <input type="checkbox"/> COOLANT <input type="checkbox"/> OTHER		<b>TAKE SAMPLE WHEN OIL IS HOT</b>	
Customer <b>ABC</b>				Sample Date	
Phone	Unit#			Brand/Weight of Oil Used	
Model	Make			Oil Changed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Filter Changed? <input type="checkbox"/> YES <input type="checkbox"/> NO
Serial #			Make Up Oil Added:		<input type="checkbox"/> Qts <input type="checkbox"/> Gal
Meter on Unit <input type="checkbox"/> Miles <input type="checkbox"/> Hrs	Meter on Oil <input type="checkbox"/> Miles <input type="checkbox"/> Hrs	<input type="checkbox"/> FRONT <input type="checkbox"/> CENTER <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT		Work Order _____ PM _____	
Comments:					

ENTER UNIT NUMBER IF APPLICABLE.

 <b>FABICK</b>			<b>S.O.S</b> <sup>SM</sup> FLUID ANALYSIS	<b>COMPARTMENT</b>		<b>TAKE SAMPLE WHEN OIL IS HOT</b>		
Customer				<input type="checkbox"/> ENGINE	Sample Date			
Phone		Unit# <b>1958</b>		<input type="checkbox"/> TRANSMISSION	Brand/Weight of Oil Used			
Model		Make		<input type="checkbox"/> FINAL DRIVE	Oil Changed?		Filter Changed?	
Serial #				<input type="checkbox"/> DIFFERENTIAL	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Meter on Unit		Meter on Oil		<input type="checkbox"/> HYDRAULIC SYS	Make Up Oil Added:			
<input type="checkbox"/> Miles		<input type="checkbox"/> Miles		<input type="checkbox"/> COOLANT	<input type="checkbox"/> Qts			
<input type="checkbox"/> Hrs		<input type="checkbox"/> Hrs		<input type="checkbox"/> OTHER	<input type="checkbox"/> Gal			
				<input type="checkbox"/> FRONT	Work Order _____ PM _____			
				<input type="checkbox"/> CENTER	Comments:			
				<input type="checkbox"/> REAR				
				<input type="checkbox"/> LEFT				
				<input type="checkbox"/> RIGHT				

ENTER PHONE NUMBER.



**FABICK**



**S.O.S<sup>SM</sup>**

FLUID ANALYSIS

Customer

Phone

636-680-1477

Unit#

Model

Make

Serial #

Meter on Unit

Miles

Hrs

Meter on Oil

Miles

Hrs

COMPARTMENT

ENGINE

TRANSMISSION

FINAL DRIVE

DIFFERENTIAL

HYDRAULIC SYS

COOLANT

OTHER

FRONT

CENTER

REAR

LEFT

RIGHT

**TAKE SAMPLE WHEN OIL IS HOT**

Sample Date

Brand/Weight of Oil Used

Oil Changed?

YES  NO

Filter Changed?

YES  NO

Make Up Oil Added:

Qts



Gal

Work Order \_\_\_\_\_ PM \_\_\_\_\_



Comments:





ENTER MAKE OF THE UNIT.

 <b>FABICK</b>		 <b>CAT</b>	<b>S.O.S</b> <sup>SM</sup> FLUID ANALYSIS
Customer _____			
Phone _____		Unit# _____	
Model _____		Make <b>CAT</b>	
Serial # _____			
Meter on Unit <input type="checkbox"/> Miles <input type="checkbox"/> Hrs		Meter on Oil <input type="checkbox"/> Miles <input type="checkbox"/> Hrs	
COMPARTMENT <input type="checkbox"/> ENGINE <input type="checkbox"/> TRANSMISSION <input type="checkbox"/> FINAL DRIVE <input type="checkbox"/> DIFFERENTIAL <input type="checkbox"/> HYDRAULIC SYS <input type="checkbox"/> COOLANT <input type="checkbox"/> OTHER  <input type="checkbox"/> FRONT <input type="checkbox"/> CENTER <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
<b>TAKE SAMPLE WHEN OIL IS HOT</b>			
Sample Date _____			
Brand/Weight of Oil Used _____			
Oil Changed? <input type="checkbox"/> YES <input type="checkbox"/> NO		Filter Changed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Make Up Oil Added: <input type="checkbox"/> Qts <input type="checkbox"/> Gal			
Work Order _____ PM _____			
Comments: _____			


ENTER SERIAL NUMBER AS SHOWN IN MACHINE POP AND/OR WORK ORDER.

 <b>FABICK</b>			<b>S.O.S<sup>SM</sup></b> FLUID ANALYSIS
Customer			
Phone		Unit#	
Model		Make	
Serial # <b>8TK08934</b>			
Meter on Unit <input type="checkbox"/> Miles <input type="checkbox"/> Hrs		Meter on Oil <input type="checkbox"/> Miles <input type="checkbox"/> Hrs	
COMPARTMENT <input type="checkbox"/> ENGINE <input type="checkbox"/> TRANSMISSION <input type="checkbox"/> FINAL DRIVE <input type="checkbox"/> DIFFERENTIAL <input type="checkbox"/> HYDRAULIC SYS <input type="checkbox"/> COOLANT <input type="checkbox"/> OTHER  <input type="checkbox"/> FRONT <input type="checkbox"/> CENTER <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
<b>TAKE SAMPLE WHEN OIL IS HOT</b>			
Sample Date			
Brand/Weight of Oil Used			
Oil Changed? <input type="checkbox"/> YES <input type="checkbox"/> NO		Filter Changed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Make Up Oil Added: <input type="checkbox"/> Qts <input type="checkbox"/> Gal			
Work Order _____ PM _____			
Comments:			



ENTER SMU AND CHECK MILES OR HOURS ON THE UNIT.

 <b>FABICK</b>			<b>S.O.S<sup>SM</sup></b> FLUID ANALYSIS
Customer _____			
Phone _____		Unit# _____	
Model _____		Make _____	
Serial # _____			
Meter on Unit		Meter on Oil	
950 <input type="checkbox"/> Miles <input checked="" type="checkbox"/> Hrs		<input type="checkbox"/> Miles <input type="checkbox"/> Hrs	
<b>COMPARTMENT</b>			
<input type="checkbox"/> ENGINE			
<input type="checkbox"/> TRANSMISSION			
<input type="checkbox"/> FINAL DRIVE			
<input type="checkbox"/> DIFFERENTIAL			
<input type="checkbox"/> HYDRAULIC SYS			
<input type="checkbox"/> COOLANT			
<input type="checkbox"/> OTHER			
<hr/>			
<input type="checkbox"/> FRONT			
<input type="checkbox"/> CENTER			
<input type="checkbox"/> REAR			
<input type="checkbox"/> LEFT			
<input type="checkbox"/> RIGHT			
<b>TAKE SAMPLE WHEN OIL IS HOT</b>			
Sample Date _____			
Brand/Weight of Oil Used _____			
Oil Changed?		Filter Changed?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Make Up Oil Added: _____			
<input type="checkbox"/> Qts			
<input type="checkbox"/> Gal			
Work Order _____ PM _____			
Comments: _____			

ENTER UNITS ON OIL(SINCE LAST OIL CHANGE) AND INDICATE MILES OR UNITS.



		<b>COMPARTMENT</b>		<b>TAKE SAMPLE WHEN OIL IS HOT</b>	
Customer		<input type="checkbox"/> ENGINE		Sample Date	
Phone		<input type="checkbox"/> TRANSMISSION		Brand/Weight of Oil Used	
Unit#		<input type="checkbox"/> FINAL DRIVE		Oil Changed?	
Model		<input type="checkbox"/> DIFFERENTIAL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Make		<input type="checkbox"/> HYDRAULIC SYS		Filter Changed?	
Serial #		<input type="checkbox"/> COOLANT		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Meter on Unit		<input type="checkbox"/> OTHER		Make Up Oil Added:	
<input type="checkbox"/> Miles		<input type="checkbox"/> FRONT		<input type="checkbox"/> Qts	
<input type="checkbox"/> Hrs		<input type="checkbox"/> CENTER		<input type="checkbox"/> Gal	
Meter on Oil		<input type="checkbox"/> REAR		Work Order _____ PM _____	
250		<input type="checkbox"/> LEFT		Comments:	
<input type="checkbox"/> Miles		<input type="checkbox"/> RIGHT			
<input type="checkbox"/> Hrs					

CHECK COMPARTMENT. (FRONT, REAR AND CENTER IF APPLICABLE)

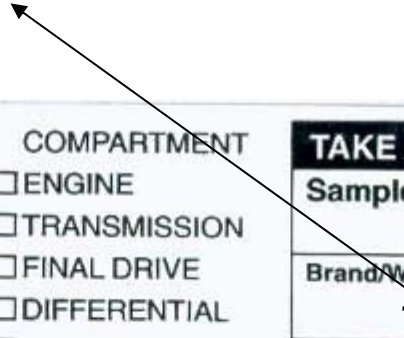
 <b>FABICK</b>		 <b>CAT</b>	<b>S.O.S<sup>SM</sup></b> FLUID	<b>COMPARTMENT</b>	<b>TAKE SAMPLE WHEN OIL IS HOT</b>	
Customer				<input type="checkbox"/> ENGINE	Sample Date	
Phone				<input type="checkbox"/> TRANSMISSION	Brand/Weight of Oil Used	
Unit#		Make		<input type="checkbox"/> FINAL DRIVE	Oil Changed? Filter Changed?	
Model		Serial #		<input type="checkbox"/> DIFFERENTIAL	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Meter on Unit		Meter on Oil		<input type="checkbox"/> HYDRAULIC SYS	Make Up Oil Added: <input type="checkbox"/> Qts	
<input type="checkbox"/> Miles	<input type="checkbox"/> Hrs	<input type="checkbox"/> Miles	<input type="checkbox"/> Hrs	<input type="checkbox"/> COOLANT	<input type="checkbox"/> Gal	
				<input type="checkbox"/> OTHER	Work Order _____ PM _____	
				<input type="checkbox"/> FRONT	Comments:	
				<input type="checkbox"/> CENTER		
				<input type="checkbox"/> REAR		
				<input type="checkbox"/> LEFT		
				<input type="checkbox"/> RIGHT		



ENTER SAMPLE DATE.



 <b>FABICK</b>			<b>S·O·S<sup>SM</sup></b> FLUID ANALYSIS	COMPARTMENT <input type="checkbox"/> ENGINE <input type="checkbox"/> TRANSMISSION <input type="checkbox"/> FINAL DRIVE <input type="checkbox"/> DIFFERENTIAL <input type="checkbox"/> HYDRAULIC SYS <input type="checkbox"/> COOLANT <input type="checkbox"/> OTHER	<b>TAKE SAMPLE WHEN OIL IS HOT</b> Sample Date <b>04-01-06</b>
Customer					Brand/Weight of Oil Used
Phone	Unit#				Oil Changed? <input type="checkbox"/> YES <input type="checkbox"/> NO
Model	Make				Filter Changed? <input type="checkbox"/> YES <input type="checkbox"/> NO
Serial #					Make Up Oil Added: <input type="checkbox"/> Qts <input type="checkbox"/> Gal
Meter on Unit	Meter on Oil				Work Order _____ PM _____
<input type="checkbox"/> Miles <input type="checkbox"/> Hrs	<input type="checkbox"/> Miles <input type="checkbox"/> Hrs		<input type="checkbox"/> FRONT <input type="checkbox"/> CENTER <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	Comments:	



WEIGHT OF OIL USED.





 <b>FABICK</b>		 <b>CAT</b>	<b>S.O.S</b> <sup>SM</sup> FLUID ANALYSIS
Customer _____			
Phone _____		Unit# _____	
Model _____		Make _____	
Serial # _____			
Meter on Unit <input type="checkbox"/> Miles <input type="checkbox"/> Hrs		Meter on Oil <input type="checkbox"/> Miles <input type="checkbox"/> Hrs	
COMPARTMENT <input type="checkbox"/> ENGINE <input type="checkbox"/> TRANSMISSION <input type="checkbox"/> FINAL DRIVE <input type="checkbox"/> DIFFERENTIAL <input type="checkbox"/> HYDRAULIC SYS <input type="checkbox"/> COOLANT <input type="checkbox"/> OTHER  <input type="checkbox"/> FRONT <input type="checkbox"/> CENTER <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
<b>TAKE SAMPLE WHEN OIL IS HOT</b>			
Sample Date _____			
Brand/Weight of Oil Used <b>15W40</b>			
Oil Changed? <input type="checkbox"/> YES <input type="checkbox"/> NO		Filter Changed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Make Up Oil Added: _____ <input type="checkbox"/> Qts <input type="checkbox"/> Gal			
Work Order _____ PM _____			
Comments: _____ _____			

CHECK OIL CHANGED?



FILTER CHANGED?

  <b>S.O.S<sup>SM</sup></b> FLUID ANALYSIS		<b>COMPARTMENT</b>		<b>TAKE SAMPLE WHEN OIL IS HOT</b>	
Customer		<input type="checkbox"/> ENGINE	<input type="checkbox"/> TRANSMISSION	Sample Date	
Phone	Unit#	<input type="checkbox"/> FINAL DRIVE	<input type="checkbox"/> DIFFERENTIAL	Brand/Weight of Oil Used	
Model	Make	<input type="checkbox"/> HYDRAULIC SYS	<input type="checkbox"/> COOL	<b>Oil Changed?</b>	<b>Filter Changed?</b>
Serial #		<input type="checkbox"/> OTHER	<input type="checkbox"/> FRONT	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Meter on Unit	Meter on Oil	<input type="checkbox"/> CENTER	<input type="checkbox"/> REAR	Make Up Oil Added: <input type="checkbox"/> Qts	
<input type="checkbox"/> Miles	<input type="checkbox"/> Miles	<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	<input type="checkbox"/> Gal	
<input type="checkbox"/> Hrs	<input type="checkbox"/> Hrs			Work Order _____ PM _____	
				Comments:	

ENTER OIL ADDED TO COMPARTMENT SINCE LAST OIL CHANGE. ( GALLONS OR QUARTS)

 <b>FABICK</b>		 <b>CAT</b>	<b>S.O.S<sup>SM</sup></b> FLUID ANALYSIS
Customer _____			
Phone _____	Unit# _____		
Model _____	Make _____		
Serial # _____			
Meter on Unit	Meter on Oil	COMPARTMENT	
<input type="checkbox"/> Miles	<input type="checkbox"/> Miles	<input type="checkbox"/> ENGINE	
<input type="checkbox"/> Hrs	<input type="checkbox"/> Hrs	<input type="checkbox"/> TRANSMISSION	
		<input type="checkbox"/> FINAL DRIVE	
		<input type="checkbox"/> DIFFERENTIAL	
		<input type="checkbox"/> HYDRAULIC SYS	
		<input type="checkbox"/> COOLANT	
		<input type="checkbox"/> OTHER _____	
		<input type="checkbox"/> FRONT	
		<input type="checkbox"/> CENTER	
		<input type="checkbox"/> REAR	
		<input type="checkbox"/> LEFT	
		<input type="checkbox"/> RIGHT	
<b>TAKE SAMPLE WHEN OIL IS HOT</b>			
Sample Date _____			
Brand/Weight of Oil Used _____			
Oil Changed?		Filter Changed?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Make Up Oil Added: _____			
4		<input type="checkbox"/> Qts	
		<input type="checkbox"/> Gal	
Work Order _____ PM _____			
Comments: _____			

ENTER WORK ORDER NUMBER IF APPROPRIATE AND COMMENTS REGARDING ANY SERVICE WORK RECENTLY COMPLETED.

 <b>FABICK</b>		 <b>CAT</b>	<b>S.O.S<sup>SM</sup></b> FLUID ANALYSIS	<b>COMPARTMENT</b>		<b>TAKE SAMPLE WHEN OIL IS HOT</b>			
Customer				<input type="checkbox"/> ENGINE	Sample Date				
Phone				<input type="checkbox"/> TRANSMISSION	Brand/Weight of Oil Used				
Unit#				<input type="checkbox"/> FINAL DRIVE	Oil Changed?				Filter Changed?
Model				<input type="checkbox"/> DIFFERENTIAL	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Make				<input type="checkbox"/> HYDRAULIC SYS	Make Up Oil Added:				
Serial #				<input type="checkbox"/> COOLANT			<input type="checkbox"/> Qts		
Meter on Unit				<input type="checkbox"/> OTHER			<input type="checkbox"/> Gal		
<input type="checkbox"/> Miles		Meter on Oil		<input type="checkbox"/> FRONT	Work Order <b>FE0001</b> PM				
<input type="checkbox"/> Hrs		<input type="checkbox"/> Miles		<input type="checkbox"/> CENTER	Comments:				
<input type="checkbox"/> Hrs		<input type="checkbox"/> Hrs		<input type="checkbox"/> REAR	REBUILT ENGINE 3-25-06				
				<input type="checkbox"/> LEFT					
				<input type="checkbox"/> RIGHT					