

SCHEDULED OIL SAMPLING



Company: _____

Serial No: _____

Job Site: _____

Plant No: _____

Model: _____

Date Sampled: _____

SMR: _____

COMPARTMENT		HOURS ON OIL	OIL CHANGED	LAB No.
Engine, Front / Right	<input type="checkbox"/>	_____	_____	_____
Engine, Rear / Left	<input type="checkbox"/>	_____	_____	_____
Hydraulics	<input type="checkbox"/>	_____	_____	_____
Transmission	<input type="checkbox"/>	_____	_____	_____
Pump Drive, Front	<input type="checkbox"/>	_____	_____	_____
Pump Drive, Rear	<input type="checkbox"/>	_____	_____	_____
Swing Drive, Front	<input type="checkbox"/>	_____	_____	_____
Swing Drive, Rear	<input type="checkbox"/>	_____	_____	_____
Pump Drive, Rear	<input type="checkbox"/>	_____	_____	_____
Swing Drive, Front	<input type="checkbox"/>	_____	_____	_____
Swing Drive, Rear	<input type="checkbox"/>	_____	_____	_____
Differential, Front	<input type="checkbox"/>	_____	_____	_____
Final Drive, R/H Front	<input type="checkbox"/>	_____	_____	_____
Final Drive, L/H Front	<input type="checkbox"/>	_____	_____	_____
Differential, Mid	<input type="checkbox"/>	_____	_____	_____
Final Drive, R/H Mid	<input type="checkbox"/>	_____	_____	_____
Final Drive, L/H Mid	<input type="checkbox"/>	_____	_____	_____
Differential, Rear	<input type="checkbox"/>	_____	_____	_____
Final Drive, R/H Rear	<input type="checkbox"/>	_____	_____	_____
Final Drive, L/H Rear	<input type="checkbox"/>	_____	_____	_____
Tandem Drive, R/H	<input type="checkbox"/>	_____	_____	_____
Tandem Drive, L/H	<input type="checkbox"/>	_____	_____	_____
Steering	<input type="checkbox"/>	_____	_____	_____
Transfer Box	<input type="checkbox"/>	_____	_____	_____
Other _____	<input type="checkbox"/>	_____	_____	_____

Comments: _____

Make and Brand of Engine Oil used: _____ Viscosity: _____