

# 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: \_\_\_\_\_