



3956 44TH STREET, SE
 GRAND RAPIDS, MI 49512
 (844) APEX OIL

OIL ANALYSIS FORM

Internal Use Only:

Rec Date: _____ ID: _____

PLEASE FILL OUT ALL INFORMATION FOR TIMELY AND ACCURATE ANALYSIS

DATE SAMPLED: _____ FIRST TIME SAMPLING

COMPANY NAME: _____ PRIMARY CONTACT: _____

STREET: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ E-MAIL: _____

UNIT SITE OR OWNER: _____

UNIT NAME & ID: _____

(PLEASE ASSIGN A DIFFERENT NAME OR NUMBER TO EACH PIECE OF EQUIPMENT TO TREND RESULTS)

UNIT SERIAL #: _____

UNIT MFR/MODEL: _____

COMPONENT NAME: _____

COMPONENT SERIAL #: _____

COMPONENT MFR/MODEL: _____

MI/HR ON EQUIPMENT: _____ MI/HR ON OIL: _____ GAS/DSL: _____

OIL BRAND & SAE: _____ SUMP CAPACITY: _____

PLEASE STATE PROBLEM OR SPECIAL INSTRUCTIONS (IF ANY): _____

COMPONENT TYPE:

- ENGINE
- TRANSMISSION
- FRONT DIFF.
- REAR DIFF.
- HYDRAULIC SYS.
- GEAR BOX
- AIR COMPRESSOR
- TURBINE
- OTHER (SPECIFY)

OIL CHANGED

SAMPLED ONLY

OIL RESAMPLED

ADD OIL: _____