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Lubrication Insight for Maintenance Foresight

SCHEDULE RA - sample information sheet | Rev 8 - 18/8/2014 | Issued by Australian Laboratory Services

MACHINE DETAILS

If an Oilcheck sample has been taken from this compartment before then only the Shaded areas need to be completed, unless details have been changed.

BUILDING					
LOCATION					
CHILLER NUMBER	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	OTHER <input type="checkbox"/>
COMPRESSOR NUMBER	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	OTHER <input type="checkbox"/>
TYPE OF SAMPLE	<input type="checkbox"/> OIL		<input type="checkbox"/> REFRIGERANT		
SAMPLE TAKEN FROM	Compressor <input type="checkbox"/>	Bulk storage <input type="checkbox"/>	Drum <input type="checkbox"/>	Other <input type="checkbox"/>	
COMPRESSOR TYPE:	Centrifugal <input type="checkbox"/>	Reciprocating <input type="checkbox"/>	Screw <input type="checkbox"/>	Other <input type="checkbox"/>	
REFRIGERANT TYPE:	R-11 <input type="checkbox"/>	R-12 <input type="checkbox"/>	R-22 <input type="checkbox"/>	Ammonia <input type="checkbox"/>	Other <input type="checkbox"/>
MAKE					
MODEL :					

SAMPLE DETAILS

Scheduled Check

Failure Analysis

HRS on Machine	<input type="text"/>	HRS on Oil	<input type="text"/>
Oil Manufacturer:	<input type="text"/>	Lube Capacity:	<input type="text"/> Ltrs
Oil Brand:	<input type="text"/>	Oil added since last sample :	<input type="text"/> Ltrs
Grade of Oil:	<input type="text"/>		
Oil Changed After this Sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Filters Drier Changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Sampled:	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>	Previous Report Number:	<input type="text"/>

SEND THE REPORT TO Customer Number: (From Previous Report)

Owner:	<input type="text"/>			
Address:	<input type="text"/>	<input type="text"/>		
	Number	Street		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Postcode	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Country	<input type="text"/>		

Attention:	<input type="text"/>		
Phone:	(<input type="text"/>) <input type="text"/>	Fax:	(<input type="text"/>) <input type="text"/>
Mobile :	<input type="text"/>		
Report Format:	Hard Copy <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	Unless ticked YES will be assumed. Affects all reports for this account.	
Email:	<input type="text"/>		
Branch:	<input type="text"/>		

Your Comments: 1)
 Note: Comments will be veiwed on the report
 2)

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SIF No. 42769916

original numbered Sample Information Form (SIF) must be returned with each sample otherwise a charge will be made for the service.

Please keep ONE SIF No. for your records.