

EQUIPMENT DATA SHEET

MUST BE COMPLETED FOR EACH NEW SAMPLE POINT*

Contact Information

Company Name: _____	Account #: _____
Address: _____ City, State, Zip: _____	
Maintenance Contact: _____	Accounting Contact: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Industry:	
<input type="checkbox"/> Chemical <input type="checkbox"/> Construction <input type="checkbox"/> Plastics <input type="checkbox"/> Mining <input type="checkbox"/> Refining <input type="checkbox"/> Mfg. <input type="checkbox"/> Trans. <input type="checkbox"/> Utility <input type="checkbox"/> Other	

Sample Point Information

Machine Description: _____	Machine Model #: _____
Machine Serial #: _____	Machine Location ID: _____
Machine Type: <input type="checkbox"/> Hydraulic <input type="checkbox"/> Gear <input type="checkbox"/> Turbine <input type="checkbox"/> Compressor <input type="checkbox"/> Engine <input type="checkbox"/> Transmission <input type="checkbox"/> Other _____	
Sample Point ID: _____	Sample Frequency: _____
Sample Point Location: <input type="checkbox"/> Return Line <input type="checkbox"/> Crankcase <input type="checkbox"/> Sump <input type="checkbox"/> Reservoir <input type="checkbox"/> Other _____	

Lubricant Information

Lube Manufacturer Name: _____	Product Name: _____
Viscosity Grade @ 40°C (ISO, SAE): _____	Reservoir Capacity (gal): _____
Type: Fluid - <input type="checkbox"/> Mineral <input type="checkbox"/> Synthetic <input type="checkbox"/> Grease <input type="checkbox"/> Antifreeze	
Reference Sample Submitted to Lab: <input type="checkbox"/> Yes <input type="checkbox"/> No	REFERENCE SAMPLES REQ'D FOR BEST ANALYSIS DATA

Comments or Concerns

_____ _____ _____

For Trico Use Only:

Customer ID: _____	Sample Point ID: _____
Test Suite/Program: _____	SPID #: _____

*- Please complete this form for each new sample point. Sample analysis cannot be started without it.