

Analysis Requesting Sheet

Test No.

ILS Engineering Ltd, No. 15 Bullford Business Campus, Kilcoole Co. Wicklow
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Sample Received: ___/___/___ Lab Sent: ___/___/___

NOTE: TO ENSURE PROCESSING OF THIS SAMPLE ALL APPLICATION DETAILS MUST BE COMPLETED

Company Name : _____
Address: _____
PH : _____
FAX: _____
Contact: _____

NOTE: TO ENSURE PROCESSING OF THIS SAMPLE ALL APPLICATION DETAILS MUST BE COMPLETED
APPLICATION DETAILS

Sample taken from: _____
Equipment Make: _____
Equipment Model: _____
Total Machine Hours/Kms: _____
Hours/Kms on Oil: _____
Lubricant Brand,
Type & SAE: _____

Person Requesting Test,

Print Name: _____ Signed: _____ Date: ___/___/___

Please do not completely fill the sample bottle as this can prevent correct agitation and subsequent testing. Please fill the I.L.S. sample bottle to about ¾'s full. Affix the white Cap and fill out this sheet correctly and send with sample to the above address. Photocopy this sheet and fill out to send with your sample and keep for your records.