

Facility: _____
 Location: _____
 Contact Name: _____
 Contact Phone: _____
 Contact Email: _____
 PO#: _____
 Salesperson: _____

Oil Analysis Sample Submission Datasheet



RUSH	EQUIPMENT INFORMATION			LUBRICANT INFORMATION			OTHER	
	Equipment ID	Equipment Description	Sample Pt. Description	Manufacturer	Type	Viscosity	Sample Date	Testing Needed
*1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

**Please number sample bottles with corresponding row number on sheet.*

RULER ANALYSIS REQUIRES A NEW/VIRGIN OIL SAMPLE
MPC TESTING REQUIRES TWO 4 OZ SAMPLES - ONE PROTECTED FROM LIGHT

*Please ship/deliver sample to: RelaDyne Technical Services
 1890 Swisco Rd.
 Sulphur, LA
 337-625-1117*