

METRO TECH SYSTEMS LTD.

Petroleum Products Consultants

112 - 5621 - 11th Street N.E., Calgary, Alberta T2E 6Z7

Telephone (403) 295-8803 Fax (403) 295-3848

e-mail: info@metrotechsystems.ca

Visit our web site: metrotechsystems.ca

SAMPLE SUBMISSION FORM

Client

Location/
Rig

Contact Phone Fax
e-mail

*Unit # Component

Make Model Serial #

Fuel Date Sampled (mm/dd/yy)

circle one

Hours Km Miles

On
Component

circle one

Hours Km Miles

On
Oil

Oil
Brand
Type

Qty. Oil After
Added Sampled
Was Oil
Changed?

Additive
Added

PO Number (if required) (if different from above contact)
Contact by phone / fax / email

EXTRA CHARGE APPLIES:

Extra Tests Required: Acid Number / Base Number / Oxidation and Nitration /

K.F. Water / ISO Cleanliness / Millipore Filtration / Sulfur Content /

Or Other (please specify)

***Please Provide Your Last Lab Number:
FOR ABOVE SAMPLED UNIT #**

FOR OFFICE USE ONLY

KIT Number **19-12-**

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