

Datasheet

Oil sampling  Filter element change

Company	_____	Industry	_____
Address	_____	Phone	_____
Machine / application	_____	Manufacturer	_____
Type / model	_____	Chassis / machine no.	_____
Operating hours	_____ h	Year of manufacture	_____
Oil sampling / element change date	_____	by	_____
Operating hours of oil	_____ h	Power	_____ kW ( _____ HP)
Circulation time through filter before sampling	_____ <input type="checkbox"/> min <input type="checkbox"/> h	from company	_____
Operating hrs of element	_____ h	Designation / type of oil	_____
Filter tpye	_____	Max. operating temp.	_____ <input type="checkbox"/> °C <input type="checkbox"/> °F
Filter identification	_____	Manufacturer	_____
Element fineness	_____ μm <input type="checkbox"/> nom. <input type="checkbox"/> abs.	Clogging indicator	<input type="checkbox"/> no <input type="checkbox"/> visual <input type="checkbox"/> electr. <input type="checkbox"/> electr./vis.
Sampling location	<input type="checkbox"/> Upstream filter <input type="checkbox"/> Downstream filter <input type="checkbox"/> Tank		
	<input type="checkbox"/> Others _____		
Sampling through	<input type="checkbox"/> System valve <input type="checkbox"/> Minimes	<input type="checkbox"/> Vacuum bottle	
	<input type="checkbox"/> Others _____		
Hydraulic circuit	<input type="checkbox"/> Closed <input type="checkbox"/> Open	<input type="checkbox"/> Ventilating filter	
Type	_____	Manufacturer	_____
Hydraulic pump	<input type="checkbox"/> Variable displacement <input type="checkbox"/> Fixed displacement	Design	_____
Type	_____	Manufacturer	_____
Capacity	_____ <input type="checkbox"/> l <input type="checkbox"/> gal	Operating pressure max.	_____ <input type="checkbox"/> bar <input type="checkbox"/> psi
Field of application	<input type="checkbox"/> Construction site equipment <input type="checkbox"/> Machine tool	<input type="checkbox"/> Hydraulic press <input type="checkbox"/> Injection moulding	
	<input type="checkbox"/> Others _____		
Maintenance	Last hydraulic fluid change at _____	operating hours on _____	
	Prescribed fluid change interval after every _____	operating hours resp. _____ months	
	Last element change / cleaning at _____	operating hours on _____	
	Recommended element change interval after every _____	operating hours resp. _____ months	
Repairs	<input type="checkbox"/> No	Type of repair	_____
	<input type="checkbox"/> Yes, at _____ operating hours	Phone / Email	_____
Contact person	_____		

Confirmation: We hereby confirm that the oil sample(s) in question does (do) not contain PCB (polychlorinated biphenyl) nor PCT (polychlorinated terphenyl).

Place \_\_\_\_\_

Date \_\_\_\_\_

Stamp and signature \_\_\_\_\_