|  |  |
| --- | --- |
|

|  |
| --- |
| **Penrite Oil Analysis Form** |

 |
| **Customer:** | **Account Number (if applicable):** |
| **Address:**  |  **Date:** |
|  **Phone:**  |
| **REP/SDM:** |  **State:** |
| **PRODUCT:** |  **Batch Number:** |
| **Penrite Oil Test Background Questions** | **Answers** |
| Registration Number *(As per plates on vehicle)*  |   |
| Equipment Make & Model *(e.g. 2013 Ford Falcon FG XR6 4.0 litre)*  |   |
| 2WD / 4WD model? *(Please also confirm if compartment in question is Differential/Gearbox or Transfer Case)*                      |   |
| Fuel Type - *(Petrol / Diesel / LPG / E85)*    |   |
| Equipment Kilometres/Hours *(As shown on the odometer or hour meter)*  |   |
| Kilometres/Hours travelled since last service*(How far has the vehicle travelled since being last serviced or how many hours was equipment running since last service?)*   |   |
| Where was the oil purchased from and when? |  |
| Does it have a service history prior? *(Yes / No)*                               |   |
| If so what type of history? *(Dealer, RAS, WKSHP HOME etc)*  |   |
| How long has current service centre been servicing the equipment?*(years, months)* |   |
| Name of mechanic who serviced the vehicle? |  |
| Has the owner of equipment owned it from new? *(Yes / No)*  |   |
| What oil brand, product and viscosity has been previously used in the equipment? *(HPR 10, GTX, XLD 20W-50 etc)* |   |
| Has any additive/s been used? *(Oil stabiliser, zinc additive, Limslip Add, Stop Leak etc?)* |   |
| Is the equipment consuming oil and if so, how much?*(Yes / No / NA if not engine oil)* |   |
| What is the exact problem? *(describe in detail)*:       |
| Are there any other problems related to the product in similar vehicles or other equipment? *(Details):* |   |
|        |
| What has the service centre done so far? (*Details*)                                                                               |
| Does the equipment have any other major issues? (*Details*)                                                                  |   |
|          |
| Did the vehicle have problems prior to our product being used? *(If it has been serviced at the same place – service history may have indicated a problem earlier.)* (*Details*) |    |
|        |
| Is there any other information that is relevant to this oil enquiry? (Please include photos & any other d*etails*)  |   |
|        |
|     |
| **Follow Up *(Sample must be supplied in a Penrite sample bottle labelled correctly. NO GLASS OR FOOD CONTAINERS)***   |
| Oil sample received at HO  |  Date: |
| Sent for processing |  Date: |
| Report Received |  Date: |
| Report issued back to SDM |  Date: |
| Customer follow up |  Date: |
| Feedback.(*Provide any further details related to feedback*) |  Date: |
|           |