



Quick Start Guide

New Sample Processing Form

■ Learn How To:

- 1 Login to the Castrol Labcheck *On The Go* Mobile App
- 2 Use the new Castrol Labcheck Sample Processing Form
- 3 Register a Sample Using the Castrol Labcheck Sample Processing Form

Getting Started



Castrol Labcheck On The Go Mobile App

- Beginning in November 2019, the Labcheck program will begin using a new integrated sample processing form with QR-codes.
- This form is designed to integrate with the Castrol Labcheck On The Go Mobile App and allow you to quickly and easily register Castrol Labcheck samples in the “field” or “shop.”
- To get started, download the “Castrol Labcheck On The Go” mobile app from the iTunes App Store or Google Play Store.

CASTROL LABCHECK FORM HEAVY DUTY PROGRAM

STBPS

Sample Submission Instructions

- 1) If you don't already have an account, register for a Labcheck account at: www.labcheckonline.com
- 2) Take a proper sample. For instructions on sampling, download instructions from: www.labcheckresources.com
- 3) Log into your Labcheck account to register or edit equipment being sampled under the Equipment tab (if you don't have access to Labcheck, please use the sample registration form to the right)
- 4) Use the Mobile App or Labcheck Sample Submission feature to register your sample with the laboratory.
- 5) Peel and apply barcode label below to sample jar.
- 6) Send sample immediately to the laboratory via traceable delivery / courier service
- 7) Receive sample report via e-mail, mobile app or login to Labcheck to access current and historical sample results.

Need Help? 1-866-LABCHECK
For more information on Labcheck, www.labcheckresources.com

RETAIN WITH YOUR RECORDS FOR TRACKING

SAMPLE TRACKING NUMBER: S20190319022938

Unit ID: _____ **Component:** _____

Unit Age: _____ **Unit Mileage:** _____

Unit Worksite: _____ **Component:** _____

Sample Date: _____ **Sample Tracking Number:** S20190319022938

Fluid / Product:

- ☐ ALLISON T860M2HD
- ☐ ALPHAC
- ☐ ALPHAC EP
- ☐ ALPHAXIN
- ☐ AMVIC SWK FM
- ☐ API GEAR LUBE
- ☐ ASSURON
- ☐ AXLE PD-1
- ☐ BLUE HYD FLUID
- ☐ BP ALLSTAR SYN 200

Other Product in: _____

Position:

- ☐ Front
- ☐ Left
- ☐ Center
- ☐ Right
- ☐ Rear
- ☐ Upper
- ☐ Lower

Viscosity Grade:

- ☐ RADICOL SF-0
- ☐ SAE 10W-30
- ☐ SYNGEAR
- ☐ SAE 15W-40
- ☐ SYNGEAR CD 30
- ☐ SAE 10W
- ☐ TRANS-C
- ☐ SAE 30
- ☐ TRANS-C HT
- ☐ SAE 50
- ☐ VECTON
- ☐ ISO 32

Equipment & Sample Registration

ORDER #: OR0001021

Position:

- ☐ Front
- ☐ Left
- ☐ Center
- ☐ Right
- ☐ Rear
- ☐ Upper
- ☐ Lower

**Select ONE if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)*

Viscosity Grade:

- ☐ RADICOL SF-0
- ☐ SAE 10W-30
- ☐ SYNGEAR
- ☐ SAE 15W-40
- ☐ SYNGEAR CD 30
- ☐ SAE 10W
- ☐ TRANS-C
- ☐ SAE 30
- ☐ TRANS-C HT
- ☐ SAE 50
- ☐ VECTON
- ☐ ISO 32

Cancel



** If you already have the app installed, make sure to check for updates to ensure you are using the most current version.*

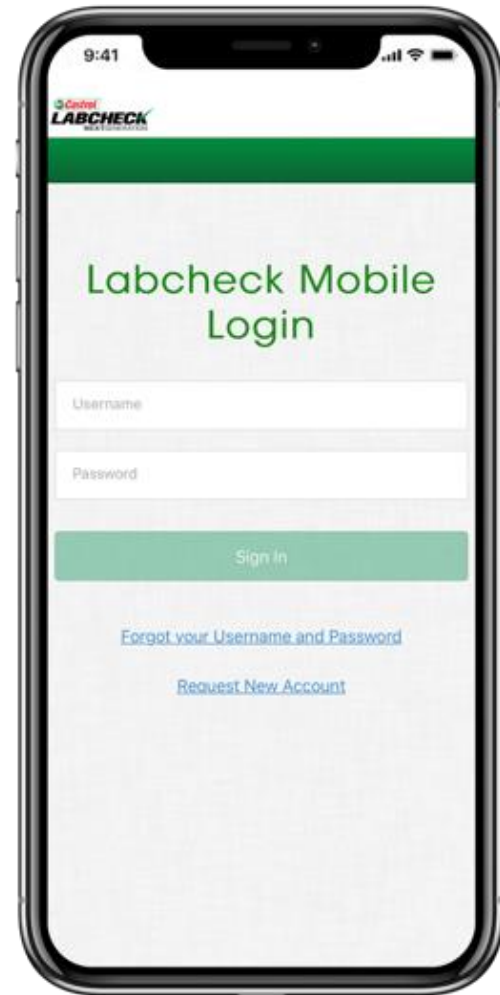


Castrol Labcheck On The Go Mobile App

- To login to the **Labcheck On The Go Mobile App** you will use the same login credentials — username & password — that you utilize for Castrol Labcheck.
Note: Moving forward, the app will save your login information.
- Once you have entered your credentials, tap the **Sign In** button.
- If you do not have a Castrol Labcheck account, you can register for one directly in the app or at:



www.labcheckonline.com



New Castrol Labcheck Processing Form



CASTROL LABCHECK FORM HEAVY DUTY PROGRAM



TSTBPP

S20190319022938

Sample Submission Instructions



1) If you don't already have an account, register for a Labcheck account at: www.labcheckonline.com



5) Peel and apply barcode label below to sample jar



2) Take a proper sample. For instructions on sampling, download instructions from: www.labcheckresources.com



6) Send sample immediately to the laboratory via traceable delivery / courier service



3) Log into your Labcheck account to register or edit equipment being sampled under the Equipment tab (if you don't have access to Labcheck, please use the sample registration form to the right)



7) Receive sample report via e-mail, mobile app or login to Labcheck to access current and historical sample results.



4) Use the Mobile App or Labcheck Sample Submission feature to register your sample with the laboratory.

Need Help? 1-866-LABCHECK
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www.labcheckresources.com



AFFIX TO
SAMPLE

RETAIN WITH YOUR RECORDS
FOR TRACKING

S20190319022938

Date

SAMPLE TRACKING NUMBER:
S20190319022938

Unit ID

Unit ID

Component

Component

4/15/2019

Page 1 of 1



Equipment & Sample Registration



Sampling Customer: 50248549

S20190319022938

ORDER #: OR00001021

Unit ID:

COMPONENT INFORMATION

Component Sampled:

- | | | |
|---|--|--|
| <input type="checkbox"/> Engine (Fuel Type)
<input type="checkbox"/> Diesel
<input type="checkbox"/> Nat. Gas | <input type="checkbox"/> Gasoline
<input type="checkbox"/> Propane | <input type="checkbox"/> Transmission (Type)
<input type="checkbox"/> Auto
<input type="checkbox"/> Manual
<input type="checkbox"/> Hydrostatic |
| <input type="checkbox"/> Compressor
<input type="checkbox"/> Cooling System
<input type="checkbox"/> Crusher
<input type="checkbox"/> Differential
<input type="checkbox"/> Final Drive | <input type="checkbox"/> Gearbox
<input type="checkbox"/> Hydraulic
<input type="checkbox"/> Planetary
<input type="checkbox"/> Pump Drive
<input type="checkbox"/> Screen | <input type="checkbox"/> Speed Reducer
<input type="checkbox"/> Swing Drive
<input type="checkbox"/> Tandem
<input type="checkbox"/> Other: _____ |

Position:

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> Front | <input type="checkbox"/> Left |
| <input type="checkbox"/> Center | <input type="checkbox"/> Right |
| <input type="checkbox"/> Rear | <input type="checkbox"/> Upper |
| | <input type="checkbox"/> Lower |

*Select ONLY if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)

Fluid / Product:

- | | | |
|---|---|--|
| <input type="checkbox"/> ALLISON TRANSYND
<input type="checkbox"/> ALPHA HC
<input type="checkbox"/> ALPHA HC EP
<input type="checkbox"/> ALPHASYN
<input type="checkbox"/> ANVOL SWX FM
<input type="checkbox"/> AP GEAR LUBE
<input type="checkbox"/> ASSURON
<input type="checkbox"/> AXLE PD-1
<input type="checkbox"/> BLUE HYD PLUS
<input type="checkbox"/> BP AUTRAN SYN 295 | <input type="checkbox"/> CRB MULTI
<input type="checkbox"/> DUAL RANGE HV
<input type="checkbox"/> DURATEC ES
<input type="checkbox"/> DURATEC LFG
<input type="checkbox"/> DURATEC NG
<input type="checkbox"/> EP GEAR LUBE
<input type="checkbox"/> MULTI-PURPOSE ATF
<input type="checkbox"/> PARADENE AW
<input type="checkbox"/> PARADENE R&O
<input type="checkbox"/> RADICOL HD | <input type="checkbox"/> RADICOL SF-O
<input type="checkbox"/> SYNGEAR
<input type="checkbox"/> SYNGEAR CD 50
<input type="checkbox"/> TRANS-C
<input type="checkbox"/> TRANS-C HT
<input type="checkbox"/> TRANSMAX MANUAL E LL
<input type="checkbox"/> UTF
<input type="checkbox"/> VECTON
<input type="checkbox"/> VECTON LONG DRAIN |
|---|---|--|

Viscosity Grade:

- | |
|---------------------------------------|
| <input type="checkbox"/> SAE 10W-30 |
| <input type="checkbox"/> SAE 15W-40 |
| <input type="checkbox"/> SAE 10W |
| <input type="checkbox"/> SAE 30 |
| <input type="checkbox"/> SAE 50 |
| <input type="checkbox"/> SAE 80W-90 |
| <input type="checkbox"/> SAE 80W-140 |
| <input type="checkbox"/> ISO 32 |
| <input type="checkbox"/> ISO 46 |
| <input type="checkbox"/> ISO 68 |
| <input type="checkbox"/> Other: _____ |

Other Product in Use:

(No grade required for ATF, UTF or Coolant)

Sample Date:

Fluid Changed: ☐ Yes ☐ No

Filter Changed: ☐ Yes ☐ No

Unit Age:

☐ HRS ☐ KM Fluid Age: ☐ HRS ☐ KM
☐ MI ☐ MI

PO #:

Work Order #:

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model:

Unit Serial #:

Unit Worksite:

Component Mfg./Model:

Component Serial Number:

Sump Capacity:

☐ GL ☐ QT ☐ L

Sample Processing Form Overview

Overview



Test Package Identification



Peel-off QR-Coded Bottle Label to Register Sample on the Labcheck Mobile app or in Labcheck Online



Simplified Machine Registration (now only needed for NEW Machines)



Perforated Sample Form



Peel-off Label for Your Work Order & Sample Tracking



CASTROL LABCHECK FORM HEAVY DUTY PROGRAM



S20190319022938

TSTBPP

Sample Submission Instructions



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5) Peel and apply barcode label below to sample jar



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6) Send sample immediately to the laboratory via traceable delivery / courier service



3) Log into your Labcheck account to register or edit equipment being sampled under the Equipment tab (if you don't have access to Labcheck, please use the sample registration form to the right)




7) Receive sample report via e-mail, mobile app or login to Labcheck to access current and historical sample results.



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Need Help? 1-866-LABCHECK
For more information on Labcheck,
www.labcheckresources.com

 S20190319022938	AFFIX TO SAMPLE Date _____
Unit ID _____	Unit ID _____
Component _____	Component _____

4/15/2019



Equipment & Sample Registration

Page 1 of 1



S20190319022938

Sampling Customer: 50248549

ORDER #: OR00001021

Unit ID:

COMPONENT INFORMATION

Component Sampled:

☐ Engine (Fuel Type)
☐ Diesel ☐ Gasoline ☐ Auto ☐ Manual
☐ Nat. Gas ☐ Propane ☐ Hydrostatic
☐ Compressor ☐ Gearbox ☐ Speed Reducer
☐ Cooling System ☐ Hydraulic ☐ Swing Drive
☐ Crusher ☐ Planetary ☐ Tandem
☐ Differential ☐ Pump Drive ☐ Other _____
☐ Final Drive ☐ Screen

Position:

☐ Front ☐ Left
☐ Center ☐ Right
☐ Rear ☐ Upper
☐ Lower

*Select ONLY if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)

Fluid / Product:

☐ ALLISON TRANSYND ☐ CRB MULTI ☐ RADICOL SF-O
☐ ALPHA HC ☐ DUAL RANGE HV ☐ SYNGEAR
☐ ALPHA HC EP ☐ DURATEC ES ☐ SYNGEAR CD 50
☐ ALPHASYN ☐ DURATEC LFG ☐ TRANS-C
☐ ANVOL SWX FM ☐ DURATEC NG ☐ TRANS-C HT
☐ AP GEAR LUBE ☐ EP GEAR LUBE ☐ TRANSMAX MANUAL E LL
☐ ASSURON ☐ MULTI-PURPOSE ATF ☐ UTF
☐ AXLE FO-1 ☐ PARADENE AW ☐ VECTON
☐ BLUE HYD PLUS ☐ PARADENE R&O ☐ VECTON LONG DRAIN
☐ BP AUTRAN SYN 236 ☐ RADICOL HD

Viscosity Grade:

☐ SAE 10W-30
☐ SAE 15W-40
☐ SAE 10W
☐ SAE 30
☐ SAE 50
☐ SAE 80W-90
☐ SAE 80W-140
☐ ISO 32
☐ ISO 46
☐ ISO 68
☐ Other _____

Other Product in Use:

(No grade required for ATF, UTF or Coolant)

Sample Date:

Fluid Changed: ☐ Yes ☐ No
Filter Changed: ☐ Yes ☐ No

Unit Age:

☐ HRS ☐ KM ☐ MI Fluid Age: ☐ HRS ☐ KM ☐ MI

PO #:

Work Order #:

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model:

Unit Serial #:

Unit Worksite:

Component Mfg./Model:

Component Serial Number:

Sump Capacity:

☐ GL ☐ QT ☐ L

How to Use the Form

Castrol LABCHECK
NEXT GENERATION

**CASTROL LABCHECK FORM
HEAVY DUTY PROGRAM**

TSTBPP S20190319022938

Sample Submission Instructions

- 1) If you don't already have an account, register for a Labcheck account at: www.labcheckonline.com
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Need Help? 1-866-LABCHECK
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AFFIX TO SAMPLE

RETAIN WITH YOUR RECORDS FOR TRACKING

SAMPLE TRACKING NUMBER:
S20190319022938

Unit ID _____
Component _____

Date _____
Component _____

4/15/2019

For machines and components that are already registered, you no longer have to fill out forms. Simply register the sample using the QR-code with the Castrol Labcheck On The Go Mobile App or in Castrol Labcheck.

Castrol LABCHECK
NEXT GENERATION

Equipment & Sample Registration

Page 1 of 1

Sampling Customer: 50248549 S20190319022938
ORDER #: OR00001021

Unit ID:

COMPONENT INFORMATION

Component Sampled:

<input type="checkbox"/> Engine (Fuel Type) <input type="checkbox"/> Diesel <input type="checkbox"/> Nat. Gas <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane <input type="checkbox"/> Transmission (Type) <input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> Hydraulic <input type="checkbox"/> Compressor <input type="checkbox"/> Gearbox <input type="checkbox"/> Speed Reducer <input type="checkbox"/> Cooling System <input type="checkbox"/> Hydraulic <input type="checkbox"/> Swing Drive <input type="checkbox"/> Crusher <input type="checkbox"/> Planetary <input type="checkbox"/> Tandem <input type="checkbox"/> Differential <input type="checkbox"/> Pump Drive <input type="checkbox"/> Other: _____ <input type="checkbox"/> Final Drive <input type="checkbox"/> Screen	Position: <input type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower
---	---

*Select ONLY if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)

Fluid / Product:

<input type="checkbox"/> ALLISON TRANSYN <input type="checkbox"/> ALPHA HC EP <input type="checkbox"/> ALPHASYN <input type="checkbox"/> ANVOL SWX FM <input type="checkbox"/> AP GEAR LUBE <input type="checkbox"/> ASSURON <input type="checkbox"/> AXLE FD-1 <input type="checkbox"/> BLUE HYD PLUS <input type="checkbox"/> BP AUTRAN SYN 236	<input type="checkbox"/> CRB MULTI <input type="checkbox"/> DUAL RANGE HV <input type="checkbox"/> DURATEC ES <input type="checkbox"/> DURATEC LFG <input type="checkbox"/> DURATEC NG <input type="checkbox"/> EP GEAR LUBE <input type="checkbox"/> MULTI-PURPOSE ATF <input type="checkbox"/> PARADENE AW <input type="checkbox"/> PARADENE R&O <input type="checkbox"/> RADICOL HD	<input type="checkbox"/> RADICOL SF-O <input type="checkbox"/> SYNGEAR <input type="checkbox"/> SYNGEAR CD 50 <input type="checkbox"/> TRANS-C <input type="checkbox"/> TRANS-C HT <input type="checkbox"/> TRANSMAX MANUAL E LL <input type="checkbox"/> UTF <input type="checkbox"/> VECTON <input type="checkbox"/> VECTON LONG DRAIN <input type="checkbox"/> Other: _____	Viscosity Grade: <input type="checkbox"/> SAE 10W-30 <input type="checkbox"/> SAE 15W-40 <input type="checkbox"/> SAE 10W <input type="checkbox"/> SAE 30 <input type="checkbox"/> SAE 50 <input type="checkbox"/> SAE 80W-90 <input type="checkbox"/> SAE 80W-140 <input type="checkbox"/> ISO 32 <input type="checkbox"/> ISO 46 <input type="checkbox"/> ISO 68
---	---	---	---

Other Product in Use: (No grade required for ATF, UTF or Copag)

Sample Date: _____ **Fluid Changed:** ☐ Yes ☐ No
Filter Changed: ☐ Yes ☐ No

Unit Age: _____ **Fluid Age:** _____
☐ HRS ☐ MI ☐ KM ☐ MI

PO #: _____ **Work Order #:** _____

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model: _____ **Unit Serial #:** _____

Unit Worksite: _____

Component Mfg./Model: _____

Component Serial Number: _____



Sump Capacity: _____ ☐ GL ☐ QT ☐ L

If this is the first time sampling a machine or a new component of a machine, you will need to complete the **Equipment & Sample Registration** on the right side of the form and submit with the sample.

Note: You can also register the machine in Castrol Labcheck.


Submitting Samples for Existing Machines




**CASTROL LABCHECK FORM**
HEAVY DUTY PROGRAM

TSTBPB S20190319022938


Sample Submission Instructions




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5) Peel and apply barcode label below to sample jar




2) Take a proper sample. For instructions on sampling, download instructions from: www.labcheckresources.com




6) Send sample immediately to the laboratory via traceable delivery / courier service



3) Log into your Labcheck account to register or edit equipment being sampled under the Equipment tab (if you don't have access to Labcheck, please use the sample registration form to the right)




7) Receive sample report via e-mail, mobile app or login to Labcheck to access current and historical sample results.



4) Use the Mobile App or Labcheck Sample Submission feature to register your sample with the laboratory.

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AFFIX TO SAMPLE

S20190319022938

Date _____

Unit ID _____

Component _____

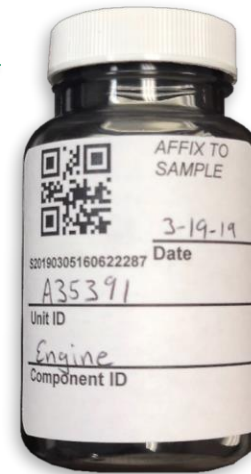
RETAIN WITH YOUR RECORD FOR TRACKING

SAMPLE TRACKING NUMBER: S20190319022938

Unit ID _____

Component _____

4/15/2019



For machines and components that have already been sampled before, simply register a new sample using the QR-code label with the Castrol Labcheck On The Go Mobile App or in Castrol Labcheck.

Please be sure to complete the required information on the blank QR label to ensure proper processing.

*For more information on how to register samples with Castrol Labcheck On The Go Mobile App or in Castrol Labcheck, go to the Labcheck Resource Center: " *Checkout The Mobile App Sample Registration Quick Start Guide* ".



Sampling a New Machine or Equipment

If you are sampling a machine or a new component, you will need to complete the Equipment & Samples Registration information.

Note: You can still use this form for any sample submission if you don't wish to register the sample using the Castrol Labcheck On The Go Mobile App or in Castrol Labcheck.



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Castrol
LABCHECK
NEXT GENERATION

Equipment & Sample Registration

Sampling Customer: 50248549

S20190319022938
ORDER #: OR00001021

Unit ID:

COMPONENT INFORMATION

Component Sampled:

<input type="checkbox"/> Engine (Fuel Type) <input type="checkbox"/> Diesel <input type="checkbox"/> Nat. Gas	<input type="checkbox"/> Gasoline <input type="checkbox"/> Propane	<input type="checkbox"/> Transmission (Type) <input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> Hydrostatic
<input type="checkbox"/> Compressor	<input type="checkbox"/> Gearbox	<input type="checkbox"/> Speed Reducer
<input type="checkbox"/> Cooling System	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Swing Drive
<input type="checkbox"/> Crusher	<input type="checkbox"/> Planetary	<input type="checkbox"/> Tandem
<input type="checkbox"/> Differential	<input type="checkbox"/> Pump Drive	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Final Drive	<input type="checkbox"/> Screen	

Position:

<input type="checkbox"/> Front	<input type="checkbox"/> Left
<input type="checkbox"/> Center	<input type="checkbox"/> Right
<input type="checkbox"/> Rear	<input type="checkbox"/> Upper
	<input type="checkbox"/> Lower

*Select ONLY if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)

Fluid / Product:

<input type="checkbox"/> ALLISON TRANSYND	<input type="checkbox"/> CRB MULTI	<input type="checkbox"/> RADICOL SF-O
<input type="checkbox"/> ALPHA HC	<input type="checkbox"/> DUAL RANGE HV	<input type="checkbox"/> SYNGEAR
<input type="checkbox"/> ALPHA HC EP	<input type="checkbox"/> DURATEC ES	<input type="checkbox"/> SYNGEAR CD 50
<input type="checkbox"/> ALPHASYN	<input type="checkbox"/> DURATEC LFG	<input type="checkbox"/> TRANS-C
<input type="checkbox"/> ANVOL SWX FM	<input type="checkbox"/> DURATEC NG	<input type="checkbox"/> TRANS-C HT
<input type="checkbox"/> AP GEAR LUBE	<input type="checkbox"/> EP GEAR LUBE	<input type="checkbox"/> TRANSMAX MANUAL E LL
<input type="checkbox"/> ASSURON	<input type="checkbox"/> MULTI-PURPOSE ATF	<input type="checkbox"/> UTF
<input type="checkbox"/> AXLE FD-1	<input type="checkbox"/> PARADENE AW	<input type="checkbox"/> VECTON
<input type="checkbox"/> BLUE HYD PLUS	<input type="checkbox"/> PARADENE R&O	<input type="checkbox"/> VECTON LONG DRAIN
<input type="checkbox"/> BP AUTRAN SYN 255	<input type="checkbox"/> RADICOL HD	

Viscosity Grade:

<input type="checkbox"/> SAE 10W-30
<input type="checkbox"/> SAE 15W-40
<input type="checkbox"/> SAE 10W
<input type="checkbox"/> SAE 30
<input type="checkbox"/> SAE 50
<input type="checkbox"/> SAE 80W-90
<input type="checkbox"/> SAE 80W-140
<input type="checkbox"/> ISO 32
<input type="checkbox"/> ISO 46
<input type="checkbox"/> ISO 68
<input type="checkbox"/> Other: _____

Other Product in Use: _____ (No grade required for ATF, UTF or Coolant)

Sample Date: _____ **Fluid Changed:** ☐ Yes ☐ No

Filter Changed: ☐ Yes ☐ No

Unit Age: _____ **Fluid Age:** _____

☐ HRS ☐ KM ☐ HRS ☐ KM

☐ MI ☐ MI

PO #: _____ **Work Order #:** _____

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model: _____ **Unit Serial #:** _____


Unit Worksite: _____

Component Mfg./Model: _____


Component Serial Number: _____

Sump Capacity: _____ ☐ GL ☐ QT ☐ L






CASTROL LABCHECK FORM
HEAVY DUTY PROGRAM




TSTBPB

S20190319022938


Sample Submission Instructions




1) If you don't already have an account, register for a Labcheck account at: www.labcheckonline.com




5) Peel and apply barcode label below to sample jar




2) Take a proper sample. For instructions on sampling, download instructions from: www.labcheckresources.com




6) Send sample immediately to the laboratory via traceable delivery / courier service



3) Log into your Labcheck account to register or edit equipment being sampled under the Equipment tab (if you don't have access to Labcheck, please use the sample registration form to the right)




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**AFFIX TO
SAMPLE**

**RETAIN WITH YOUR RECORDS
FOR TRACKING**

SAMPLE TRACKING NUMBER:
S20190319022938

S20190319022938

Date

Unit ID

Component

Unit ID

Component

4/15/2019



Instructions

The form header contains instructions for filling out the Equipment & Sample Registration information

Note: The QR-code does not contain any specific sample information until it is registered.

Please be sure to complete the required information on the blank QR label to ensure proper processing.

Filling Out the Equipment & Sample Registration

Page 1 of 1

Castrol
LABCHECK
NEXT GENERATION

Equipment & Sample Registration

Sampling Customer: 50248549

S20190319022938

ORDER #: OR00001021

Unit ID:

COMPONENT INFORMATION

Component Sampled:

<input type="checkbox"/> Engine (Fuel Type)	<input type="checkbox"/> Transmission (Type)
<input type="checkbox"/> Diesel	<input type="checkbox"/> Gasoline
<input type="checkbox"/> Nat. Gas	<input type="checkbox"/> Propane
<input type="checkbox"/> Compressor	<input type="checkbox"/> Gearbox
<input type="checkbox"/> Cooling System	<input type="checkbox"/> Hydraulic
<input type="checkbox"/> Crusher	<input type="checkbox"/> Planetary
<input type="checkbox"/> Differential	<input type="checkbox"/> Pump Drive
<input type="checkbox"/> Final Drive	<input type="checkbox"/> Screen

Position:

<input type="checkbox"/> Front	<input type="checkbox"/> Left
<input type="checkbox"/> Center	<input type="checkbox"/> Right
<input type="checkbox"/> Rear	<input type="checkbox"/> Upper
	<input type="checkbox"/> Lower

*Select ONLY if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)

- Provide the Machine Serial Number, and Machine Model. Check the Component being sampled, and provide the information of the oil / fluid in use.

Page 1 of 1

Castrol
LABCHECK
NEXT GENERATION

Equipment & Sample Registration

Sampling Customer: 50248549

S20190319022938

ORDER #: OR00001021

Unit ID:

COMPONENT INFORMATION

Component Sampled:

<input type="checkbox"/> Engine (Fuel Type)	<input type="checkbox"/> Transmission (Type)	<u>Position:</u>
<input type="checkbox"/> Diesel	<input type="checkbox"/> Gasoline	<input type="checkbox"/> Front
<input type="checkbox"/> Nat. Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Center
<input type="checkbox"/> Compressor	<input type="checkbox"/> Gearbox	<input type="checkbox"/> Rear
<input type="checkbox"/> Cooling System	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Left
<input type="checkbox"/> Crusher	<input type="checkbox"/> Planetary	<input type="checkbox"/> Right
<input type="checkbox"/> Differential	<input type="checkbox"/> Pump Drive	<input type="checkbox"/> Upper
<input type="checkbox"/> Final Drive	<input type="checkbox"/> Screen	<input type="checkbox"/> Lower

*Select ONLY if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)

Fluid / Product:

<input type="checkbox"/> ALLISON TRANSYND	<input type="checkbox"/> CRB MULTI	<input type="checkbox"/> RADICOL SF-O
<input type="checkbox"/> ALPHA HC	<input type="checkbox"/> DUAL RANGE HV	<input type="checkbox"/> SYNGEAR
<input type="checkbox"/> ALPHA HC EP	<input type="checkbox"/> DURATEC ES	<input type="checkbox"/> SYNGEAR CD 50
<input type="checkbox"/> ALPHASYN	<input type="checkbox"/> DURATEC LFG	<input type="checkbox"/> TRANS-C
<input type="checkbox"/> ANVOL SWX FM	<input type="checkbox"/> DURATEC NG	<input type="checkbox"/> TRANS-C HT
<input type="checkbox"/> AP GEAR LUBE	<input type="checkbox"/> EP GEAR LUBE	<input type="checkbox"/> TRANSMAX MANUAL E LL
<input type="checkbox"/> ASSURON	<input type="checkbox"/> MULTI-PURPOSE ATF	<input type="checkbox"/> UTF
<input type="checkbox"/> AXLE FD-1	<input type="checkbox"/> PARADENE AW	<input type="checkbox"/> VECTON
<input type="checkbox"/> BLUE HYD PLUS	<input type="checkbox"/> PARADENE R&O	<input type="checkbox"/> VECTON LONG DRAIN
<input type="checkbox"/> BP AUTRAN SYN 25S	<input type="checkbox"/> RADICOL HD	

Viscosity Grade:

<input type="checkbox"/> SAE 10W-30
<input type="checkbox"/> SAE 15W-40
<input type="checkbox"/> SAE 10W
<input type="checkbox"/> SAE 30
<input type="checkbox"/> SAE 50
<input type="checkbox"/> SAE 80W-90
<input type="checkbox"/> SAE 80W-140
<input type="checkbox"/> ISO 32
<input type="checkbox"/> ISO 46
<input type="checkbox"/> ISO 68
<input type="checkbox"/> Other

Other Product in Use: (No grade required for ATF, UTF or Coolant)

Sample Date: _____ Fluid Changed: ☐ Yes ☐ No

Unit Age: _____ Filter Changed: ☐ Yes ☐ No

PO #: _____ Work Order #: _____

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model: _____ Unit Serial #: _____

Unit Worksite: _____

Component Mfg./Model: _____

Component Serial Number: _____

Sump Capacity: _____ ☐ GL ☐ QT ☐ L

Filling Out the Equipment & Sample Registration



Other Product in Use: _____ (No grade required for ATF, UTF or Coolant)

Sample Date: _____ **Fluid Changed:** ☐ Yes ☐ No
Filter Changed: ☐ Yes ☐ No

Unit Age: ☐ HRS ☐ KM **Fluid Age:** ☐ HRS ☐ KM
☐ MI ☐ MI

PO #: _____ **Work Order #:** _____

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model: _____ **Unit Serial #:** _____

Unit Worksite: _____

Component Mfg./Model: _____

Component Serial Number: _____

Sump Capacity: _____ ☐ GL ☐ QT ☐ L

- Provide the date the sample was taken, indicate if the oil / fluid and filter were change at the time the sample was taken. Provide the total hours on the machine, and hours since last oil change. You can also now tie samples to a Work-Order or Purchase Order.

Page 1 of 1

Castrol
LABCHECK
NEXT GENERATION

Equipment & Sample Registration

Sampling Customer: 50248549

S20190319022938
ORDER #: OR00001021

Unit ID: _____

COMPONENT INFORMATION

Component Sampled:

☐ Engine (Fuel Type) ☐ Diesel ☐ Gasoline ☐ Nat. Gas ☐ Propane ☐ Compressor ☐ Cooling System ☐ Crusher ☐ Differential ☐ Final Drive ☐ Screen

☐ Transmission (Type) ☐ Auto ☐ Manual ☐ Hydrostatic ☐ Speed Reducer ☐ Swing Drive ☐ Planetary ☐ Tandem ☐ Pump Drive ☐ Other: _____

Position:

☐ Front ☐ Left ☐ Center ☐ Right ☐ Rear ☐ Upper ☐ Lower

*Select ONLY if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)

Fluid / Product:

☐ ALLISON TRANSYND ☐ CRB MULTI ☐ RADICOL SF-O ☐ SAE 10W-30 ☐ SAE 15W-40 ☐ SAE 10W ☐ SAE 30 ☐ SAE 50 ☐ SAE 80W-90 ☐ SAE 80W-140 ☐ ISO 32 ☐ ISO 46 ☐ ISO 68 ☐ Other: _____

☐ ALPHA HC ☐ DUAL RANGE HV ☐ SYNGEAR ☐ SYNGEAR CD 50 ☐ TRANS-C ☐ TRANS-C HT ☐ TRANSMAX MANUAL E LL ☐ VECTON ☐ VECTON LONG DRAIN

☐ ALPHA HC EP ☐ DURATEC ES ☐ DURATEC LFG ☐ DURATEC NG ☐ EP GEAR LUBE ☐ MULTI-PURPOSE ATF ☐ PARADENE AW ☐ PARADENE R&O ☐ BP AUTRAN SYN 25S ☐ RADICOL HD

Other Product in Use: _____ (No grade required for ATF, UTF or Coolant)

Sample Date: _____ **Fluid Changed:** ☐ Yes ☐ No
Filter Changed: ☐ Yes ☐ No

Unit Age: ☐ HRS ☐ KM **Fluid Age:** ☐ HRS ☐ KM
☐ MI ☐ MI

PO #: _____ **Work Order #:** _____

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model: _____ **Unit Serial #:** _____

Unit Worksite: _____

Component Mfg./Model: _____

Component Serial Number: _____

Sump Capacity: _____ ☐ GL ☐ QT ☐ L

Filling Out the Equipment & Sample Registration



Other Product in Use: _____ (No grade required for ATF, UTF or Coolant)

Sample Date: _____ **Fluid Changed:** ☐ Yes ☐ No
Filter Changed: ☐ Yes ☐ No

Unit Age: _____ **Fluid Age:** _____
☐ HRS ☐ KM ☐ HRS ☐ KM
☐ MI ☐ MI

PO #: _____ **Work Order #:** _____

If this is the first time you are submitting samples for this unit, fill in the section below.

- If you want the sample registered to a specific customer account and not to your dealer account, complete the customer information section so that the lab knows to log this sample to the client account.

Page 1 of 1

Castrol
LABCHECK
NEXT GENERATION

Equipment & Sample Registration

Sampling Customer: 50248549

S20190319022938
ORDER #: OR00001021

Unit ID: _____

COMPONENT INFORMATION

Component Sampled:

☐ Engine (Fuel Type) ☐ Transmission (Type)
☐ Diesel ☐ Gasoline ☐ Auto ☐ Manual
☐ Nat. Gas ☐ Propane ☐ Hydrostatic

☐ Compressor ☐ Gearbox ☐ Speed Reducer
☐ Cooling System ☐ Hydraulic ☐ Swing Drive
☐ Crusher ☐ Planetary ☐ Tandem
☐ Differential ☐ Pump Drive ☐ Other: _____
☐ Final Drive ☐ Screen

Position:

☐ Front ☐ Left
☐ Center ☐ Right
☐ Rear ☐ Upper
☐ Lower

*Select ONLY if more than one component of this type. Select no more than 2 locations (i.e. Front / Left)

Fluid / Product:

☐ ALLISON TRANSYND ☐ CRB MULTI ☐ RADICOL SF-O
☐ ALPHA HC ☐ DUAL RANGE HV ☐ SYNGEAR
☐ ALPHA HC EP ☐ DURATEC ES ☐ SYNGEAR CD 50
☐ ALPHASYN ☐ DURATEC LFG ☐ TRANS-C
☐ ANVOL SWX FM ☐ DURATEC NG ☐ TRANS-C HT
☐ AP GEAR LUBE ☐ EP GEAR LUBE ☐ TRANSMAX MANUAL E LL
☐ ASSURON ☐ MULTI-PURPOSE ATF ☐ UTF
☐ AXLE FD-1 ☐ PARADENE AW ☐ VECTON
☐ BLUE HYD PLUS ☐ PARADENE R&O ☐ VECTON LONG DRAIN
☐ BP AUTRAN SYN 25S ☐ RADICOL HD

Viscosity Grade:

☐ SAE 10W-30
☐ SAE 15W-40
☐ SAE 10W
☐ SAE 30
☐ SAE 50
☐ SAE 80W-90
☐ SAE 80W-140
☐ ISO 32
☐ ISO 46
☐ ISO 68
☐ Other: _____

Other Product in Use: _____ (No grade required for ATF, UTF or Coolant)

Sample Date: _____ **Fluid Changed:** ☐ Yes ☐ No
Filter Changed: ☐ Yes ☐ No

Unit Age: _____ **Fluid Age:** _____
☐ HRS ☐ KM ☐ HRS ☐ KM
☐ MI ☐ MI

PO #: _____ **Work Order #:** _____

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model: _____ **Unit Serial #:** _____

Unit Worksite: _____


Component Mfg./Model: _____


Component Serial Number: _____

Sump Capacity: _____ ☐ GL ☐ QT ☐ L

Sending the Sample to the Lab



-  If you registered the sample via the Castrol Labcheck On The Go Mobile App or Castrol Labcheck, you just need to send the bottle.

-  If you are not pre-registering the sample, you need to submit the form with the sample.

Page 1 of 1

Castrol LABCHECK
NEXTGENERATION

Equipment & Sample Registration

Sampling Customer: 50248549

ORDER #: 0R00001021

Unit ID: _____

COMPONENT INFORMATION

Component Sampled:

<input type="checkbox"/> Engine (Fuel Type) <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Compressor <input type="checkbox"/> Cooling System <input type="checkbox"/> Drivetrain <input type="checkbox"/> Differential <input type="checkbox"/> Final Drive	<input type="checkbox"/> Transmission (Type) <input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> Hydraulic <input type="checkbox"/> Steering Drive <input type="checkbox"/> Tandem <input type="checkbox"/> Other: _____ <input type="checkbox"/> Screen	Position: <input type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Center <input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Upper <input type="checkbox"/> Lower
--	--	---

*Select ONLY if more than one component of this type. Select no more than 2 locations (e.g. Front / Left)

Fluid / Product:

<input type="checkbox"/> ALLISON TRANSYND <input type="checkbox"/> ALPHA HC <input type="checkbox"/> ALPHA HC EP <input type="checkbox"/> ALPHADYN <input type="checkbox"/> ANVIL SWX FM <input type="checkbox"/> AP GEAR LUBE <input type="checkbox"/> ASSURON <input type="checkbox"/> AULE PD-1 <input type="checkbox"/> BLUE HYD PLUS <input type="checkbox"/> BP AUTRAN SYN 250	<input type="checkbox"/> CR8 MULTI <input type="checkbox"/> DUAL RANGE HV <input type="checkbox"/> DURATEC ES <input type="checkbox"/> DURATEC LFG <input type="checkbox"/> DURATEC NG <input type="checkbox"/> EP GEAR LUBE <input type="checkbox"/> MULTI-PURPOSE ATF <input type="checkbox"/> PARAGENE HW <input type="checkbox"/> PARAGENE HMO <input type="checkbox"/> RADICOL HD	<input type="checkbox"/> RADICOL SFG <input type="checkbox"/> SYNGEAR <input type="checkbox"/> SYNGEAR CD 50 <input type="checkbox"/> TRANS-C <input type="checkbox"/> TRANS-C HT <input type="checkbox"/> TRANSMAX MANUAL E LL <input type="checkbox"/> UTY <input type="checkbox"/> VECTON <input type="checkbox"/> VECTON LONG DRAIN <input type="checkbox"/> RADICOL HD	Viscosity Grade: <input type="checkbox"/> SAE 10W-30 <input type="checkbox"/> SAE 10W-40 <input type="checkbox"/> SAE 10W <input type="checkbox"/> SAE 30 <input type="checkbox"/> SAE 50 <input type="checkbox"/> SAE 80W-90 <input type="checkbox"/> SAE 80W-140 <input type="checkbox"/> ISO 32 <input type="checkbox"/> ISO 46 <input type="checkbox"/> ISO 68 <input type="checkbox"/> Other: _____
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Other Product in Use: _____

(No grade required by ATF, UTE or Code)

Sample Date: _____ Fluid Changed: ☐ Yes ☐ No
Filter Changed: ☐ Yes ☐ No

Unit Age: _____ Hrs: ☐ KM: ☐ Fluid Age: _____ Hrs: ☐ KM: ☐

PO #: _____ Work Order #: _____

If this is the first time you are submitting samples for this unit, fill in the section below.

Unit Mfg./Model: _____ Unit Serial #: _____

Unit Worksite: _____

Component Mfg./Model: _____

Component Serial Number: _____

Sump Capacity: ☐ 5L ☐ 10L ☐ 15L





CASTROL LABCHECK SUPPORT DESK:

Phone: **866-LABCHECK (522-2432)**

Email: Labchecksupport@bureauveritas.com