Fluid Sample Information Form

Complete and Return with Fluid Sample

A Sample number (given by FRAGOL):
B last sample and if possible last sample number:

If more than one sample of same fluid is being sent:
This is sample number (name) _____ of _____ samples.

1. Person requesting analysis:	
Name	
Company	
Address	
Zip / City / Country	
Phone	
E-Mail	

2. Person to send the fluid sample:	
Name	Cornelia Jordan
Company	FRAGOL AG
Address	Solinger Str. 16
Zip / City / Country	45482 / Mülheim / Germany
Phone	+49 208 30002-26
E-Mail	c.jordan@fragol.de

3. Reason for fluid analysis or statement of problem if any: Routine ☐ Problem ☐

Problem: _____

_____

_____

_____

_____

4. System and fluid description:

System	
Manufacturer	
Machine Type	

Used Lubricant	
Date of Filling	
Operating Hours of Oil	
Operating Hours of Machine	
Labelling of the sample	